Rouled 4/5/12 mil

reissur of Tesla Terrace Lot 15 B2018-0027



Print name: Math Fritz

Matt Fricke

Building Permit Application Community and Economic Development PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

OFFICE I	JSE ONLY
Date Received: 4-3-18	Permit No.: 12018-1468
Date Issued:	
4114190	Payment Type:

OREGON Internet address:	www.BeavertonOregon.gov	Payment Type:	
TYPE OF	: WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
New construction		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work Indicated on this application.	
☐ Addition/alteration/replacement ☐ Other:			
CATEGORY OF	CONSTRUCTION	Valuation \$190,144,35	
1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms: 4 2 9 / 76.8	
Accessory building	☐ Multi-family	Number of bathrooms: 3.5	
☐ Master builder	Other:	Total number of floors: 3	
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area: 1583 square feet	
Job site address: 1211 SW TCS	la Terrale	Garage/carport area: 72 Square feet	
City/State/ZIP: Beaverton	OR 97008	Covered porch area: square feet	
Suite/bldg./apt. no.;	Project name: Tesla Terrace	Deck area: square feet	
Cross street/directions to job site:			
		Other structure area; square feet	
Subdivision:	Lot no.:	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.	
Tax map/parcel no.:	10000	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
DESCRIPTION	OF WORK	Valuation	
reissue of #	B2018-DD27	Existing building area: square feet	
,	0027	New building area: square feet	
		Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: SAA		Occupancy groups:	
Address:		Existing:	
City/State/ZIP:		New:	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be licensed with	
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and	
Business name: Westwood Homes LLC		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: AlliSON MUY			
Address: 12700 NW Cornell Rd			
City/State/ZIP:Portland, OR 97229 1/3		A IV	
Phone. 503 - 105 - 6294	Fax:		
: Allison ewestwood		BUILDING PERMIT FEES*	
	TOR	Please refer to fee schedule	
Business name; same as applicant		Fees due upon application 5 4 71. Col	
Address: City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.:195597	4		
Authorized signature: Must Missing Must Must Must Missing Must Must Must Must Must Must Must Must		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	

Date:

Fee methodology set by Tri-County Building Industry Service Board

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W	_	/**			
17	Be		er	to) I

Print name:

Amanda Loveridge

Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

Date Received: 81/2012
Date Issued: (2-20-1

OFFICE	USEONLY
018	Permit No.: 63078 - 3558
0-19	Ву:
	Pargmont Tunne D. 1. 11.1.

	BeavertonOregon.gov L
ТҮРЕ	OF WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY O	F CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORM.	ATION AND LOCATION
Job site address: /57/2 5い -	Thrush Lane
City/State/ZIP: Beaverton, OR	
Suite/bidg./apt. no.;	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 30
Tax map/parcel no.:	
Po Issue B2018 - 2540	ON OF WORK
PROPERTY OWNER	□ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite	; 200
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRA	CTOR
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	T
Phone:	Fax:
CCB lic.: 130859	
Authorized Bignature:	1

	T ayment Ty	re were
REQUIRED DAT	A: 1- AND 2-	FAMILY DWELLING
Permit fees* are based o	n the value o	
Valuation 2	97.3	13.07
Number, of bedrooms:	5	
Number of bathrooms:	L	
Total number of floors:	3	
New dwelling area:	3165	square feet
Garage/carport area:	381	square feet
Covered porch area:	97	square feet
Deck area:	100	square feet
Other structure area:		square feet
REQUIRED DATA:	COMMERCIA	AL-USE CHECKLIST
this application.	d to the near	the work performed. est dollar) of all equipment, it for the work indicated on
Valuation	700.	
Existing building area:		square feet
New building area:		square feet
Number of stories:		***************************************
Type of construction:		
Occupancy groups:		
Existing:	2000000	
New:		
	NOTICE	
All contractors and subcont the Oregon Construction Comay be required to be licen being performed, if the app following reasons apply:	ontractors Bo sed in the lur	ard under ORS 701 and
BUILDIN	IG PERMIT	FEES*
Please r	efer to fee sc	
Fees due upon application		1,579.89
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Rowled 5/14/17

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

503) 526-2320 Date Issued:

OFFICE (USE ONLY
Date Received: \$110018	Permit No. 8 2018 - 3553
Date Issued: 6-20-19	By: WR
	Payment Type: (MOILL

BeaveronOregon,gov		
TYPE OF WORK		
☑ New construction	☐ Demolition	
☐ Addition/alteration/replacement	☐ Other:	
CATEGORY OF	CONSTRUCTION	
☑ 1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	☐ Other:	
JOB SITE INFORMAT	ION AND LOCATION	
Job site address: 15634 SW TI	hrush Lane	
City/State/ZIP: Beaverton, OR		
Suite/bldg./apt. no.:	Project name: Russell	
Cross street/directions to job site:		
	24 -	
Subdivision: Westmont	Lot no.: 39 3	
Tax map/parcel no.:		
DESCRIPTION	OF WORK	
NSFR		
Pe Iscu B7018- 2	. 1 < 1	
Pe Issu 137018- 3	2136	
☑ PROPERTY OWNER	☐ TENANT	
Name: DR Horton, Inc		
Address: 4380 SW Macadam Ave Suite 2	200	
City/State/ZIP: Portland, OR 97239		
Phone: (503) 222-4151	Fax:	
E-mail: plancheck@drhorton.com		
☑ APPLICANT	CONTACT PERSON	
Business name: DR Horton, Inc		
Contact name: Amanda Loveridge		
Address: SAME AS ABOVE		
City/State/ZIP:		
Phone:	Fax:	
E-mail: plancheck@drhorton.com		
CONTRACT	COR	
Business name: DR Horton, Inc		
Address: SAME AS ABOVE		
City/State/ZIP:		
Phone:	Fax:	
CCB lic.: 130859		
Authorized / / /		
signature:	1	
Print name: ////////////////////////////////////	(D) Date: (0/7///S)	

Amanda Loveridge

REQUIRED DATA: 1- AND 2-FA	
Permit fees* are based on the value of th Indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	st dollar) of all equipment.
Valuation 443,83	31. 45
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors: 3	
New dwelling area: 3533	square feet
Garage/carport area: 417-	square feet
Covered porch area: 65	square feet
Deck area: 185	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	-USE CHECKLIST
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Оссиралсу groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to Pregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exempted following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT FI	EES*
Please refer to fee sche	rdule
Fees due upon application	1.720.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

reissul of # B2018-0996 TESIATERVALE LOT 13



Building Permit Application

Community and Economic Development PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 Internet address: www.BeavertonOregon.gov

OFFICE	USE ONLY
Date Receive#43-15	Permit No.: BQ018-1462
Date Issued: (6-27-19	Ву: 1/1/2
	Payment Type: (MOI)

(0 , 2 2 2 2		
ТҮРЕ	OF WORK	REQUIRED DATA
M New construction	☐ Demolition	Permit fees* are based or Indicate the value (rounde
Addition/alteration/replacement	Other:	materials, labor, overhead this application.
CATEGORY OF	CONSTRUCTION	Valuation 4 103
₩ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INFORMA	ATION AND LOCATION	New dwelling area:
Job site address: 12101 SWTES	aterrace	Garage/carport area:
City/State/ZIP: Beaverton OF	1000	
Suite/bidg./apt. no.:	Project name: TES 14 TEVYO	Covered porch area:
Cross street/directions to job site:		Deck area:
		Other structure area:
	Later 1	REQUIRED DATA:
Subdivision:	Lot no.: 2	Permit fees* are based or Indicate the value (rounde
Tax map/parcel no.:		materials, labor, overhead this application.
	ON OF WORK	Valuation
reissue of Tesla	. LOT 13	Existing building area:
# R21	18-0996	New building area:
020	710 011W	Number of stories:
☐ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: SAA		Occupancy groups:
Address:		Existing:
City/State/ZIP:	. /	New:
Phone:	Fax:	
E-mail:		All contractors and subcor
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction (
Business name:Westwood Homes LLC		being performed. If the ap
Contact name: AlliSON MUU		following reasons apply:
Address:12700 NW Cornell Rd		
City/State/ZIP:Portland, OR 97229		
Phone. 503-713-6291		
. Allison ewestwa	odhomesuc.com	
CONTRA	ACTOR	BUILD
Business name: same as applicant		Please
Address;		Fees due upon application
City/State/ZIP:		Amount received
Phone:	Fax:	Date received:
CCB lic.:195597		This permit applicatio
Authorized signature: Mach	int	within 180 days after
Print name: Math Fritz	Date:	* Fee methodology se Industry Service Boa
Matt Fricke		

4: 1- AND 2-FAMILY DWELLING the value of the work performed. ed to the nearest dollar) of all equipment, I, and the profit for the work indicated on square feet square feet square feet square feet square feet COMMERCIAL-USE CHECKLIST the value of the work performed. ed to the nearest dollar) of all equipment, , and the profit for the work indicated on square feet square feet NOTICE ntractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is plicant is exempt from licensing, the ING PERMIT FEES* refer to fee schedule

n expires if a permit is not obtained it has been accepted as complete

et by Tri-County Building ard े

rev 07/13

reissue of Tesla Terrace LOF 14 # B2018-0997



Building Permit Application Community and Economic Development PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 Internet address: www.BeavertonOregon.gov

OFFICE	JSE ONLY
Date Received: 4-3-18	Permit No.: R 2015-1469
Date Issued: 10-27-19	By: 1/1/2
	Payment Type:

	L	
TYPE O	F WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
₩ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CATEGORY OF	CONSTRUCTION	Valuation \$190,144,35
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms: 3.5
☐ Master builder	☐ Other:	Total number of floors: 3
JOB SITE INFORMA	TION AND LOCATION	New dwelling area: 1583 square feet
Job site address: 12109 SW T	esla Terrace	Garage/carport area: 220 square feet
City/State/ZIP: Beaverton	OR 97008	Covered porch area: square feet
Suite/bldg./apt. no.:	Project name: TES a TEVY	((4)
Cross street/directions to job site:		Deck area: square feet
		Other structure area: square feet
Subdivision:	Lot no.: 3	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	N OF WORK	this application.
		Valuation
reissue of # B2	018 - 0997	Existing building area: square feet
		New building area: square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: SAA		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Westwood Homes LLC		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: AlliSon Muy		
Address: 12700 NW Cornell Rd		
City/State/ZIP:Portland, OR 97229	T	
Phone. 503-713-6294	Fax:	
	d homesuc com	BUILDING PERMIT FEES*
CONTRAC	CTOR	Please refer to fee schedule
Business name: same as applicant		
Address:	April 1990	Fees due upon application 5472.
City/State/ZIP:		Amount received
Phone:	Fax:	Date received:
CCB lic.:195597		This permit application expires if a permit is not obtained
Authorized signature:	n	within 180 days after it has been accepted as complete
Print name: Math Fritte	Date:	* Fee methodology set by Tri-County Building Industry Service Board

Matt Fricke

rev 07/13

Permit Application SEE I:/BLDG DIV WG-8 ty Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

signature:

Print name:

Josh Kelso

1) [
OFFICE (JSE ONLY
te Receive 04/18/2019	Permit No.:182019-1590
te Issued: 6-24-19	By: ML
CITY OF BEAVEDTON	Payment Type: Class

OREGON GE	neral Information (503) 526-2222 BeavertonOregon.ge	al OIL	OF BEAVERTON	Payment Type: CWW	
TYPE	OF WORK		LDING DIVISIONAL	ra: 1- and 2-family dwellin	IG
☑ New construction	☐ Demolition			on the value of the work performe	
☐ Addition/alteration/replacement	☐ Other:	,		ad, and the profit for the work indi	
CATEGORY	OF CONSTRUCTION		Valuation	\$8	350,000
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms		4
☐ Accessory building	☐ Multi-family		Number of bathrooms		3
☐ Master builder	☐ Other:		Total number of floors		2
JOB SITE INFORI	MATION AND LOCATION				
Job site address: 11709 St.A 50	ofia Ct		New dwelling area:	square feet	3154
City/State/ZIP: Beaverton, OR 97225			Garage/carport area:	square feet	606
Suite/bldg./apt. no.:	Project name: Cameron Place)	Covered porch area:	square feet	340
Cross street/directions to job site: Walker Ro	d to Lynnfield Lane	***	Deck area:	square feet	
vvainoi i k	a to Eyillinoid Edilo		Other structure area:	square feet	
				: COMMERCIAL-USE CHECKL	NAMES CONTRACTOR
Subdivision: Cameron Place	Lot no.: 4		Indicate the value (round	on the value of the work performe ted to the nearest dollar) of all eq	uipment,
Tax map/parcel no.: 1S110BD11400		Estratos aproprior de la companya d	materials, labor, overhea this application.	ad, and the profit for the work indi	cated on
DESCRIP	TION OF WORK		Valuation		
New Single Family Residence			Existing building area	: square feet	
			New building area:	square feet	
			Number of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		
Name: Mission Homes NW, LLC	WA2007		Occupancy groups:		
Address: PO Box 1689			Existing:		
City/State/ZIP: Lake Oswego, OR 9703	25		New:		
Phone: (503) 381-3753	Fax: (503) 214-8524			NOTICE	
E-mail: josh@missionhomes.com			All contractors and subc	ontractors are required to be licer	nsed with
☑ APPLICANT	☐ CONTACT PERSO	N	the Oregon Construction	Contractors Board under ORS 7 ensed in the jurisdiction in which	'01 and
Business name: Mission Homes NW, LI	_C			pplicant is exempt from licensing	
Contact name: Josh Kelso	MATATORY		tollowing reasons apply.	New York Control of the Control of t	
Address: PO Box 1689					
City/State/ZIP: Lake Oswego, OR 9703	5				
Phone: (503) 381-3753	Fax: (503) 214-8524				
E-mall: josh@missionhomes.com					-000-000-000
CONT	RACTOR		BUILI	DING PERMIT FEES*	
Business name: Mission Homes NW, Ll	_C		Pleas	se refer to fee schedule	
Address: PO Box 1689			Fees due upon application	n	
City/State/ZIP: Lake Oswego, OR 9703	5		Amount received		
Phone: (503) 381-3753	Fax: (503) 214-8524		Date received:		
CCB lic.: 186849			This narmit anniicati	on expires if a permit is not ob	tained
Authorized				er it has been accepted as com	

Date:

04/16/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

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MITTAL hity Development Department
Building Division
Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oroseon gov

DECEDURA	
OFFICE I	JSE ONLY
Date Rece 0 95/21/2019	Permit No.: B2019-2165
Date Issued: / 27-19	By: 114
CITY OF REAVEDTON	Payment Type:

	26-2493 Fax: (503) 526-2550	Date Issued: /	0-27-19 By: 116
OREGON Gener	al Information (503) 526-2222 BeavertonOregon.gov	CITY OF	BEAVERTON Payment Type:
TYPE OF	WORK	BUILDII	NG DIVERMED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the profit for the work indicated on
CATEGORY OF	CONSTRUCTION		this application. Valuation \$178,914.06
¹⊠(1- and 2-family dwelling	☐ Commercial/industrial	· · · · · · · · · · · · · · · · · · ·	Number. of bedrooms: 3
Accessory building	☐ Multi-family		Number of bathrooms: '7
☐ Master builder	☐ Other:		Total number of floors: 1 /1461
JOB SITE INFORMAT	ION AND LOCATION		New dwelling area:
Job site address: 10195 SW EX	MOORE PL		Garage/carport area: square feet
City/State/ZIP: Beaver TON, OR	97008		
Suite/bldg./apt. no.:	Project name: Wat Kins K	amodel	
Cross street/directions to job site:			Dack area: square feet
			Other structure area: square feet
Subdistance	Lot no.:		REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Subdivision: Tax map/parcel no.:	LOTRO,		indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
DESCRIPTION	OF WORK		this application.
		·	Valuation
Remodel Kitchen & Add	d and Master addition		Existing building area: square feet
			New building area: square feet
			Number of stories:
₩ PROPERTY OWNER	☐ TENANT		Type of construction:
Name: Rob + Linda L	Nathins		Occupancy groups:
Address: 10195 SW EXM	NOORE PC		Existing:
City/State/ZIP: Beaverton, O	R 97008		New:
Phone: 971 245 9583	Fax:		NOTICE
E-mall: linda @ roblinda.			All contractors and subcontractors are required to be licensed with
国 APPLICANT	CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Moden Tail Wood	od Homes		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Wais LeMan	1.10		
	ALE DIRE		T CEING
City/State/ZIP: Benuerton, OR	97008	11	I soved
Phone: 503 163 4 9 203	Fax: 903746 796	7	
E-mail: KLEMAY @ MOUNTAIN CONTRAC	iwoodhomes. Coi	*7	LUNDING PERMIT FE S
	/ 1/		Please relation feets cheeste
Business name: Mountainwa	1.		Fees due upon application 1,200,04
011 101 1 1710 17	nbus AVE		Amount received
· KAVETICE / C	Fax: 503 741 79	64	Date received:
Phone: \$\tilde{\theta} 503 746 7338	Fax: 503 146 19	<u> </u>	
Authorized Authorized			This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
signature	<u>ノ</u>	1	* Fee methodology set by Tri-County Building
Print name: Krais Cellay	Date:		Industry Service Board

Form B70-1001



Jennifer Kimura

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

100 1000 1000	USE ONLY
Date Received: 6-25-19	Permit No.: B2019-2816
Date Issued: A-AR-19	By: MK
	Payment Type: CMULL

4 b a c b b a	BeavertonOregon.g		
ī	YPE OF WORK	REQUIRED DATA; 1- AND 2-FAMILY DWEL	
☐ New construction	☑ Demolition	Permit fees* are based on the value of the work perfor Indicate the value (rounded to the nearest dollar) of all	l equipment,
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work this application.	indicated on
	RY OF CONSTRUCTION	Valuation	
1- and 2-family dwelling		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
	FORMATION AND LOCATION	New dwelling area: square fer	et
Job site address: 10750 SW Denney	Road	Garage/carport area: square fee	et
City/State/ZIP: Beaverton, OR 9700		Covered porch area: square fe	et
Suite/bldg./apt. no.:	Project name:	Covored polon dietar	
Cross street/directions to job site:		Dook dista.	
		Other structure area: square te REQUIRED DATA: COMMERCIAL-USE CHEC	0.000.000.000.000.000.000
		Permit fees* are based on the value of the work perfo	ormed.
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of a materials, labor, overhead, and the profit for the work	ili equipment,
Tax map/parcel no.:	VOS	this application,	
	CRIPTION OF WORK	Valuation	\$100,000
Interior Demo - Bldg 5		Existing building area: square fe	et
·		New building area: square for	et 0
		Number of stories:	1
PROPERTY OWNER	☐ TENANT	Type of construction:	IIIB
Name: Denney Road Industrial Pa	rk, LLC	Occupancy groups:	
Address: 1121 SW Salmon Suite 50	00	Existing:	S1/B
City/State/ZIP: Portland, Oregon		New:	S1/B
Phone: 503.242.2900	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be	licensed with
M APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under O	vhich work is
Business name: VLMK Engineering	ı + Design	being performed. If the applicant is exempt from lice following reasons apply:	nsing, the
Contact name: Jennifer Kimura			
Address: 3933 SW Kelly Ave.			
City/State/ZIP: Portland, OR 97239)		
Phone: (503) 222-4453	Fax:		
E-mail: jenniferk@vlmk.com		BUILDING PERMIT FEES*	
	CONTRACTOR	Please refer to fee schedule	
Business name: Perlo Construction	1		7/1/19
Address: 16101 SW 72nd #200		Fees due upon application	101.0
city/State/ZIP: Portland, OR 9722	:4	Amount received	
Phone: (503) 624-2090	Fax:	Date received:	
CCB lic.: 189245		This permit application expires if a permit is r	not obtained
Authorized signature:		within 180 days after it has been accepted a	

Date: 6-27-19

* Fee methodology set by Tri-County Building Industry Service Board

Form 970-1001



utt Segerdahi

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

		0	FFICE	USE ONLY
Date Received:		100		Permit NB 2019-2759
Date Issued:	Q	127	2049	
			•	Payment Type:

REV 2/14

Form B70-1001

NO REGION	BeavertonOregon.gov	Payment Type:
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CATEGO	RY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	™ Commercial/industrial	Number. of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
Master builder	Other:	
JOB SITE IN	FORMATION AND LOCATION	Total number of floors:
ob site address: 100 C	1: 1/09th Place	New dwelling area: square feet
ity/State/ZIP: RealPort	08 97006	Garage/carport area: square feet
uite/bidg./apt. no.:	Project name:	Covered porch area: square feet
tross street/directions to job site:		Deck area: square feet
off	Of Cornell	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
ax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on
	CRIPTION OF WORK	this application. Valuation # 1 572%
Over two u	valls for walk-through	Existing building area: square feet
of the 1 to	3	
×2		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
lame: A 15Trat	(1 (1 (1 (1)))) (1 (1)) (1)	Occupancy groups:
ddress: 115WC0	umbia Surte 1380	Existing:
ity/State/ZIP: Portland	OK 91201	New: S
hone: 503-223-4	777 Fax:	NOTICE
-mail: Msegerdahl	@ melvinmark.com	All contractors and subcontractors are required to be licensed with
□ SAPPLICANT	CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
dusiness name: NGUV	Mark, Companies	being performed. If the applicant is exempt from licensing, the following reasons apply:
contact name: 111 SW Co	LUMBIA SUHE 1380	2
ddress: Natt 50	aerdahl	_
Sity/State/ZIP: POFTANA	OR 97201	
Phone: 503 - 3/4 - 474	Fax:	
-mail: Msegerdahl	@ melvinnank.com	
J', o	ONTRACTOR	BUILDING PERMIT FEES*
Business name: 646114	Engineering Mulibur	Please refer to fee schedule
address: 1965 Att	1109 HOTE 735 NE	Fees due upon application all t. to
City/State/ZIP: Beat/exp	W. OR ATTOO JUCKS	Amount received
Phone: 503-693-979	7 Fax: School	Red Date received:
CCB lic.: OR #59045	5 Hillshovo, OR 97	This permit application expires if a permit is not obtained
Authorized		within 180 days after it has been accepted as complete
signature:	l -	* Fee methodology set by Tri-County Building
Print name:	Date:	Industry Service Board

ELECTRONIC SUBMITTAL plopment Department SEE I:/BLDG DIV WG-8 viii n Way / PO Box 4755

Building Division

Beaverton

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 626-2222 BeavertonOregon.gov

|--|

OFFICE USE ONLY Date Receive 5/24/2019 Date issued: 7 - 26-19 Permil No.: B2019-2244 Date Issued: / - 2 By: /// Payment Type:

TYPE O	WORK	- Bl	#LDI	NG DHESION DATA: 1:	AND 2-FAMILY DWELLIN	G
☑ New construction	☐ Demolition		2000	Permit fees* are based on the Indicate the value (rounded to	value of the work performe	d.
Addition/alteration/replacement	Olher:		-	materials, labor, overhead, and	the profit for the work indi	cated on
CATEGORY OF				this application. Valuation	\$292,561.54	
7 1- and 2-family dwelling	☐ Commercial/	And the Control of th		Number, of bedrooms:	7	
Accessory building	☐ Multi-family			Number of bathrooms:		
☐ Master builder	Other:			Total number of floors:		
JOB SITE INFORMAT	ION AND LOCA	TION		New dwelling area:	square feet	2199
Job site address: 9771 172nd Ave					square feet	400
city/state/zip: Beaverton, OR 97076				Garage/carport area:	<u> </u>	
Suite/bidg./apt. no.:	Project name:	Kemmer Summit		Covered porch area:	square feet	80
Cross street/directions to job site: SW Ridge D	rive			Deck area:	square feet	100
OV Muge D	1140			Other structure area:	square feet	
	I		_	CONTRACTOR	MERCIAL-USE CHECKL	
Subdivision: Kemmer Summit	Lot no.: 3			Permit fees* are based on the Indicate the value (rounded to	the nearest dollar) of all eq	uloment.
Tax map/parcel no.:	u wa watan wa mala ka		8888	materials, labor, overhead, and this application.	the profit for the work indi	cated on
DESCRIPTION	N OF WORK			Valuation		
New Construction Single Family Resi	dential			Existing building area:	square feet	
				New building area:	square feet	
				Number of stories:		
☐ PROPERTY OWNER		☐ TENANT		Type of construction:		
Name: Chad E Davis Construction				Occupancy groups;		
Address: 2420 Pacific Ave				Existing:		
City/State/ZIP: Forest Grove OR 97116				New:		
Phone: 503,357,8587	Fex: 503-992	2-2301		N	OTICE	
E-mail: mattweatherdon@gmail.com				All contractors and subcontrac	tors are required to be licer	nsed with
☑ APPLICANT	<u>1</u> 2	CONTACT PERSON		the Oregon Construction Contr may be required to be licensed	actors Board under ORS 7	'01 and
Business name: Chad E Davis Constructi	on			being performed. If the applica following reasons apply:	nt is exempt from ilcensing	, the
Contact name: Matt Weatherdon				totownig reasons appry.		
Address: 2420 Pacific Ave						
City/State/ZIP: Forest Grove OR 97116						
Phone: 503.357.8587	Fax: 503-992	2-2301	ŀ			
E-mail: mattweatherdon@gmail.com						
CONTRA	CTOR				PERMIT FEES	
Business name: Chad E. Davis Construct	ion			Please refe	r to fee schedule , 25	7.96
Address: 2420 Pacific Ave				Fees due upon application	\$1,2 54 .	96
City/State/ZIP: Forest Grove OR 97116				Amount received		·
Phone: 503.357.8587	Fax: 503-992	2-2301		Date received:		
CCB IIc.: #154184				This permit application ex	pires if a permit is not ob	tained
Authorized Mark & L. A	Vis			within 180 days after it h	as been accepted as com	plete
Print name: Chad E Davis	VXV	Date;		 Fee methodology set by Industry Service Board 	Tri-County Building	

Form B70-1001

REV 2/14

400

80

100

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Leaverton, OR 97076

Date Receiver

Print name: Chad E Davis

RECEIVED	
OFFICE	USE ONLY
red: 05/29/2019	Permit No.: B2019-2282
: 10-210-17	Ву: 111
TY OF REAVERTOR	Payment Type: CMUL

12725 SI	W Millikan Way / PO Box 4755	D 1 10 1 1 1 1	05/29/2019	Permit No : RO	2019-2282
ELECTRONIC SUBMIT	eaverton, OR 97076 Fax: (503) 526-2550	Date Received:	10-21/2019	By: 4/1	.017-2202
CEL WIDO DIVINO	tion (503) 526-2222	1	OF BEAVERTO		chelle
SEE I:/BLDG DIV WG	eavertonOregon.gov	BUI	DINC DIVISION	*	
TYPE O	F WORK		REQUIRED-DA'	TA: 1- AND 2-FAM	Contract record affinition encounterment returns contractions
☑ New construction	☐ Demolition		Indicate the value (rout)	ded to the nearest :	dollar) of all equipment, or the work indicated on
☐ Addition/alteration/replacement	Other:	teriores viscotionales visc	this application.	au, and mo promite	W WHO MOTH REGISTED ON
CATEGORY OF	CONSTRUCTION		Valuation \$331	329.09	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedroom	<u> </u>	
☐ Accessory building	Multi-family	·····	Number of bathroom	8: 3	
☐ Master builder	Other:		Total number of floor	8: 2	
JOB SITE INFORMA	TION AND LOCATION		New dwelling area:	2512	square feet
Job site address: 9751 SW 172nd Ave			Garage/carport area	399	square feet
City/State/ZIP: Beaverton, OR 97076			Covered porch area:	100	square feet
Suite/bldg./apt. no.;	Project name: Kemmer Sumn	nit	Deck area: /4	0	square feet
Cross street/directions to job site; SW Ridge D	Prive		Other structure area		square feet
			REQUIRED DAT	A: COMMERCIAL	-USE CHECKLIST
Subdivision: Kemmer Summit	Lotno.: 1 Master		Domit feest are based	on the value of the	
Tax map/parcel no.:			materials, labor, overhe	ad, and the profit f	for the work indicated on
DESCRIPTIO	ON OF WORK		this application. Valuation		
New Construction Single Family Res	idential		Existing building are	a;	square feet
			New building area:		square feet
			Number of stones:		
[Z] PROPERTY OWNER	☐ TENANT		Type of construction	i:	
Name: Chad E Davis Construction LL	gia disconsinuosi propriedos prop	100 - 100 -	Occupancy groups:		
Address: 2420 Pacific Ave			Existing:		
City/State/ZIP: Forest Grove OR 97116					
Phone: 503,357.8587	Fex: 503-992-2301		New:	NOTICE	
E-mail: mattweatherdon@gmail.com	1				- A - d to be licensed with
[2] APPLICANT	☐ GONTACT PERSO	ON	the Oregon Construction	on Contractors Bos	quired to be licensed with ard under ORS 701 and
Business name: Chad E Davis Construc	fion LLC	special control and secured and secured	being performed. If the	applicant is exem	sdiction in which work is pt from licensing, the
Contact name: Matt Weatherdon	1011 220		following reasons appl	y:	
Address: 2420 Pacific Ave					
Clty/State/ZIP: Forest Grove OR 97116					
Phone: 503,357,8587	Fax: 503-992-2301				
E-mail: mattweatherdon@gmail.com					
100 Control Co	ACTOR		BU	ILDING PERMIT	FEES!
Business name: Chad E. Davis Constru-		estage (grand Comburge of India on a new history	Ple	ease refer to fee sc	hedule
Address: 2420 Pacific Ave			Fees due upon applic	atlon	151377.53
City/State/ZIP: Forest Grove OR 97116	***************************************		Amount received		
Phone: 503.357.8587	Fax: 503-992-2301		Dale received:		
CCB IIc.: # 154184			This search and the	ofton contracts	nerralt is not obtained
			This permit applic within 180 days	auon expires ir a after It has been a	permit is not obtained accepted as complete
signature: Led La	ref		* Foo melhodolog	v eat hy Trl-Cou	niv Buildina

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 eaverton, OR 97076 Fax: (503) 526-2550 Date Receivation (503) 526-2222

RECEIVED	
OFFICE	USE ONLY
lved: 06/20/2019	Permit No.; B2019-2654
d: 10-25-19	By:
TTV OF DEALERS	Payment Type: \/\ \%

SEE 1:/BLDG DIV WG	ation (503) 526-2222	CITY	OF BEAVERTON"	yment Type: VISA
			DING DIVISIONA	1- AND 2-FAMILY DWELLING
TYPE OF	WORK		Complete and are based on it	so velue of the work benomed.
☐ New construction	Demolition		materials, labor, overhead, a	to the nearest dollar) of all equipment, and the profit for the work indicated on
☑ Addition/alteration/replacement	Other:		this application.	\$ 23,570
	CONSTRUCTION	5 <u>(No. 3 1983</u>	Valuation	ψ 20,010
2 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms:	
Accessory building	Multi-family		Number of bathrooms:	
☐ Master builder	Other:	10000	Total number of floors:	
<u> Transportant Control and Article and Control and Con</u>	ION AND LOCATION		New dwelling area:	square feet
Job site address: 15025 SW Gull Dr			Garage/carport area:	square feet
City/State/ZIP: Beaverton, OR 97007			Covered porch area:	square feet
Suite/bidg./apt. no.:	Project name: Churchill 32485		Deck area:	square feat
Cross streat/directions to job site:			Other structure area:	square feet
			REQUIRED DATA: C	OMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on t	he value of the work performed. to the nearest dollar) of all equipment,
Tax map/parcel no.:			materials, labor, overhead,	and the profit for the work indicated on
DESCRIPTIO	N OF WORK		this application. Valuation	
Voluntary Underpinning Using 12 Pus	sh Piers		Existing building area:	square feet
volume, consequent	•		New building area:	square feet
			Number of stories:	
	☐ TENANT			
PROPERTY OWNER	LI IEMAN	- 1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type of construction:	
Name: Bob Churchill			Occupancy groups:	
Address: 15025 SW Gull Dr.			Existing:	
City/State/ZIP: Beaverton, OR 97007	T		New:	en anderska kanta og skalanska kanta skalanska storet i storet skalanska skalanska skalanska skalanska skalans
Phone: (503) 579-4580	Fax:			NOTICE
E-mail:churchills@comcast.net	☐ CONTACT PERSO	N	I Alex Occasor Construction C	tractors are required to be licensed with ontractors Board under ORS 701 and
Ø APPLICANT		3, 1, 14.	I was be required to be licar	nsed in the jurisdiction in which work is dicent is exempt from licensing, the
Business name: TerraFirma Foundation	Systems		following reasons apply:	
Contect name: Elenita Ronquillo	·			
Address:13110 SW Wall St.				
City/State/ZIP: Tigard, OR 97223				
Phone: (503) 718-4533	Fex:			
E-mell:eronquillo@terrafirmafs.com			BUILDI	NG PERMIT FEES
			Please	refer to fee schedule
Business name: TerraFirma Foundation S	Systems		Fees due upon application	14.041.360
Address: 13110 SW Wall St			Amount received	<u> </u>
City/State/ZiP: Tigard, OR 97223	<u> </u>			
Phone:(503) 718-4533	Fax:		Date received:	<u> </u>
CCB IIc.:173547 expires 12/21/20			This permit application	n expires if a permit is not obtained It has been accepted as complete
Authorized signature:				et by Tri-County Building

Date:

06/19/19

Print name:

ELENITA RONQUILLO

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL

SEE I:/BLDG DIV WG-8... Building Division

12/25 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Da

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gom



DECEMES		
OFFICE	USE ONLY	
ate Receiv@:1/16/2019	Permit No.: B2019-0207	
ate Issued: (0 - 2(0 - 1.9)	By: 1/4	
CITY OF BEAVERTON	Payment Type: Chulle	
DI BERLEY	•	

		RNIT()(NG DIVIS	SION		19.000,000,000
ТҮРЕ	OF WORK		REC	JUIRED DATA: 1- AN	ID 2-FAMILY DWELLIN	lG
✓ New construction	^ ☐ Demolition		Indicate the value (rounded to the nearest dollar) of all equip			quipment,
☐ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the profit for the work indicate this application.			icated on
CATEGORY	OF CONSTRUCTION		Valuation			
1- and 2-family dwelling	☑ Commercial/industrial		Number.	of bedrooms:		
☐ Accessory building	☐ Multi-family		Number	of bathrooms:		
☐ Master builder	☐ Other:		Total nu	mber of floors:		
JOB SITE INFOR	MATION AND LOCATION		New dwe	elling area:	square feet	
Job site address: 5825 SW Arctic Drive				carport area:	square feet	
City/State/ZIP: Beaverton, OR				porch area:	sguare feet	
Suite/bldg./apt. no.:	Project name: Arctic Drive A	Addition	*****			
Cross street/directions to job site:			Deck are		square feet	
				ructure area:	square feet	120120000000000000000000000000000000000
			50,500,000	en esta granda de la compansión de la comp	ERCIAL-USE CHECKI	**********
Subdivision:	Lot no.:		Indicate the	value (rounded to the	lue of the work performe nearest dollar) of all e	quipment,
Tax map/parcel no.: 1S1W14CD01500			materials, la this applica		ne profit for the work ind	icated on
DESCRIP	TION OF WORK		Valuation		1,0	050,000
A roughly 12,383 s.f. addition to an		re. Addition	Existing	building area:	square feet	57,704
to be a single story tilt-up concrete	structure.		New buil	lding area:	square feet	12,383
			Number	of stories:	MATERIAL STATE OF THE STATE OF	1
☐ PROPERTY OWNER	☐ TENANT		Type of	construction:		II-b
Name: Chuck Taylor			Occupar	ncy groups:		S-1,B
Address: 5825 SW Arctic Drive			Exis	sting:	Warehous	e/office
City/State/ZIP: Beaverton, OR			New	<i>y</i> :	Warehous	se/office
Phone: (503) 670-1170	Fax:			TON		
E-mail: ctaylor@virtual-supply.com			All contract	ors and subcontractor	s are required to be lice	nsed with
☑ APPLICANT	☐ CONTACT PER	SON	the Oregon	Construction Contrac	tors Board under ORS	701 and
Business name: Edge Development			being perfo	rmed. If the applicant	is exempt from licensing	g, the
Contact name: Ed Bruin			following re	easons apply:		
Address: 2233 NW 23rd Ave						
City/State/ZIP: Portland, OR 97210						
Phone: (503) 292-7733	Fax:					
E-mall: ed@edgedevelop.com			5 V V VII 5 V V V V V V V			
CONT	RACTOR			BUILDING PI	ERMIT FEES*	
Business name: Edge Development				Please refer to	o fee schedule	
Address: 2233 NW 23rd Ave			Fees due u	ipon application	\$5,850.2	27
City/State/ZIP: Portland, OR 97210			Amount rec	elved		
Phone: (503) 292-7733	Fax:		Date receiv	/ed:		
CCB lic.: 147657			This use	itull-action oval	ree if a normit is not a	htainad

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Date: Print name: 01/14/19 Ed Bruin

Authorized signature:

> **REV 2/14** Form B70-1001

CTRONIC SUBMITTAL BIDG DIV WG-8...

14605 SW Weir RD.

Beaverton OR, 97007

L' PROPERTY OWNER S.W. Bible (Dave Martini)

503 524-7000

IX APPLICANT

n/a

503 684-0443

14605 SW Weir RD.

Centrex

Tigard, OR 97223

4720 SE 26th Ave

39-6859

Portland, OR 97202

Michael Hessemer

Mike Hessemer 8250 SW Hunziker St.

mhessemer@centrexconstruction

Beaverton, OR 97007

opment Department **Building Division** Way / PO Box 4755 eaverton, OR 97076

TENANT

☐ CONTACT PERSON

Date:

5/22/2019

n/a

Fax:

Fax:

CONTRACTOR

☐ Addition/alteration/replacement

1- and 2-family dwelling

☐ Accessory building

☐ Master builder

Job site address:

Sulte/bldg./apt. no.:

Cross street/directions to job site:

City/State/ZIP:

Subdivision: Tax map/parcel no.:

Address:

Phone:

E-mail:

City/State/ZIP:

Business name:

Contact name:

Address: City/State/ZIP:

Phone:

E-mail:

Business name: Address:

City/State/ZIP:

Phone:

CCB Ilo.:

Authorized signature:

Print name:

▶ New construction

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

Demoiltion

☐ Multi-family

Project name:

Lot no.:

DESCRIPTION OF WORK Installation of 308'10"LF of 4" Fire Line

Other:

☐KCommercial/industrial

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

SW Murray BLVD

APPROVE	5)	1.4	.000	19	
// *	6.	/ 1	que	¥ J	
	•				

OFFICE USE ONLY

on, OR 97076	Dale Receive	5/23/2010	Permit No.:	B2019-221	2
603) 526-2550	Date Issued:	1 0 1	141 -		
503) 526-2222		6 26 2019	Payment Typ	e:	
onÓregon.gov		DE BEAVERTON	, aymon typ		
	— BUILC	HO DIVISION DAT	A: 1- AND 2-F	AMILY DWELLI	1G ::
<u> </u>		Permit fees* are based of	on the value of	the work perform	ed.
		Indicate the value (round materials, labor, overheads)	ded to the near	est dollar) of all e	quipment,
		this application.	an' sum ma bio	III IOI GIO WOIX III	nodeo on
		Valuation n/a			
dustrial		Number, of bedroom:	9; n/a		
		Number of bathrooms		n/a	
		Total number of floor	8;	n/a	
ON		New dwelling area:	n/	a square feet	n/a
		Garage/carport erea:	n/a	square feet	n/a
sw Bible Child	lren's Wing	Covered porch area:	n/a	square feet	n/a
		Deck area:		square feet	n/a
	·	Other structure area:		n/a square feet	n/a
		REQUIRED DATA			
		Permit fees* are based Indicate the value (roun materials, labor, overhe this application.	ided to the near	rest dollar) of all e	guipment,
<u> </u>		Valuation \$35,080	.00		
ire Line		Existing building area	a: _{n/a}	square feet	n/a ·
		New building area:		square feet	n/a
		Number of stories:	n/a		n/a
. TENANT		Type of construction	: n/a		
<u></u>		Occupancy groups:	n/a		
		Existing; r	n/a		
		New:	n/a		
			NOTICE		
ONTACT PERSON	V	All contractors and sub- the Oregon Constructio may be required to be i being performed. If the following reasons apply	on Contractors to icensed in the j applicant is exe	3oard under ORS Jurisdiction in whic	701 and th work is
297-017	,U				
<i>V</i> -		BUI	LDING PERMI	T FEES*	
	June 17 Land Company of the Company	Plea	ase refer to fee	schedule	
		Fees due upon applica	tion		
		Amount received			
		Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL SEE I;/BLDG DIV WG-8...

Permit Application

Beaverton

Print name:

Craig Brunkenhoefer

y Development Department Building Division 12725 SW Millikan Way / PO Box 4755

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BECET SEROE	JSE ONLY
Date Received: 04/12/2010	Permit No.: B2019-1450
Date Issued: (1-211-19	By: W
CITY OF BEAUCONS	Payment Type:

V 0 2 2 0 0 11	Beaverton Oregon.gov LC	TY OF BEA	WERTON	- 7,	
TYPE OF	work E	hitning ®	HINKSTONTA: 1- AND	2-FAMILY DWELLING	23.34.5
[7] New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equip			pment,
Addition/alteration/replacement	☑ other: WCF and 20 Extension	materials, la this applica	abor, overhead, and the	profit for the work Indica	ated on
CATEGORY OF	CONSTRUCTION	Valuation			N/A
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number.	, of bedrooms:		N/A
☐ Accessory building	☐ Multi-family	Number	of bathrooms:		N/A
☐ Master builder	☑ Other: New AT&T Wireless Facility	Total nu	mber of floors:		N/A
JOB SITE INFORMAT	ION AND LOCATION	New dw	elling area:	square feet	N/A
Job site address: 9540 SW 125th Avenue		Garage/	carport area:	square feet	N/A
City/State/ZIP: Beaverton, OR 97008			i porch area:	square feet	N/A
Suite/bidg./apt. no.:	Project name: PD22 Ridgecrest Park	Deck are		square feet	N/A
Cross street/directions to job site: Near SW 125	ith Avenue & SW Longhorn Lane - In			square feet	N/A
SE Corner of	West Coast Self-Storage Beaverton		ructure area: UIRED DATA: COMME		
T10 D	1.47000	-	or are based on the value		
Subdivision: None noted on Title Report		Indicate the	e value (rounded to the r labor, overhead, and the	nearest dollar) of all equ	ipment,
Tax map/parcel no.: Tax Map: 1S127CB 07	医髓膜切迹 医视性性神经 医电影电影 医电影 医皮肤 医皮肤 经收益 医二氏性结肠炎 化二十二烷基甲基	this applica			
DESCRIPTIO		Valuation		\$7	72,000
Extend existing 79 ft. monopole to 99	ft, and install AT&T antenna array or	Existing	building area:	square feet	N/A
tower and place ground equipment in ft. storage unit below.	side an adjacent, existing 10 it. x 20	New bu	ilding area:	square feet	N/A
n. atorage unit below.		Number	r of stories:		N/A
[Z] PROPERTY OWNER	☐ TENANT	Type of	construction:	New Wireless I	acility
Name: Catalyst Storage-Beaverton LLC		Occupa	incy groups:		N/A
Address: PO Box 232		Exi	sting:		N/A
city/State/ZIP: Woodinville, WA 98072-23	20	Nev	w:		N/A
Phone: (206) 618-5088	Fax:		NOTI	ICE	
E-mail: unknown		- Ali contrac	tors and subcontractors	are required to be licen	sed with
Z APPLICANT	☑ CONTACT PERSON	the Orego:	n Construction Contracto	ors Board under ORS 70)1 and
Business name: New Cingular Wireless P	CS, LLC ("AT&T")	being perfe	ormed. If the applicant is easons apply:	s exempt from licensing,	the
Contact name: Craig Brunkenhoefer - Vel	ocitel LLC (on behalf of AT&T)	<u> </u>			
Address: 4004 Kruse Way Place, Suite	220	N/A			
City/State/ZIP: Lake Oswego, OR 97035		_			
Phone: (503) 477-2124	Fax:	4			
E-mail: cbrunkenhoefer@velocitel.com			DUU DING BE		ere e Are
CONTRA	CTOR		BUILDING FE		
Business name: Velocite! LLC			Please refer to		
Address: 1150 FIRST AVE SUITE 600		Fees due	upon application	\$689.15	
City/State/ZIP: King of Prussia, PA 1940	6	Amount re	celved		
Phone: (484) 804-4500	Fax:	Date rece	lved:		
ссв іс.: 218854	-	This pe	ermit application expire	es if a permit is not ob	tained
Authorized signature:		withir	n 180 days after it has i	been accepted as com	plete

Date:

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date

OFFICE	USE ONLY
e Received:	Permit No.: 82019-278
e Issued: U V	By: Cless
	Payment Type:

	BeaverionOregon.gov		
TYPE	OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
New construction	☐ Demolition	Permit fees' are based on the value of the work performed indicate the value (rounded to the nearest dollar) of all equ	upment,
☐ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indication.	ated on
	F CONSTRUCTION	Valuation 3550	
1- and-2-family dwelling	☐ Commercial/industrial	Number. of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
⊠ Master builder	☐ Other:	Total number of floors:	
	NATION AND LOCATION	New dwelling area: square feet	
Job site address: 15,943 5W C	ANBY CT	Garage/carport area: square feet	
City/State/ZIP: BERYER TON	OR 97007	Caragonarport	-
Suite/bldg./apt. no.:	Project name: DECIA	0.122	
Cross street/directions to job site: \ \ \			
169 XR AVE	LANDY CT	Other structure area: square feet	
161102 1111		REQUIRED DATA: COMMERCIAL-USE CHECKL	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performe Indicate the value (rounded to the nearest dollar) of all eq	uipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indi this application.	cated on
한 사람들은 그리지도 하는 전화를 받았는 항상으로 하는 가능하는 하는데, 그런 항상 한 것 같아 하는데, 사람들은 하는데 하고 있는 항상 하는데, 하지만 모든 하는데 하다 하다.	TION OF WORK	Valuation	
PREDIRETING old	DECK with A NEW	Existing building area: square feet	
605		New building area: square feet	
0.0 %		Number of stories:	
☐ PROPERTY OWNER	TENANT.	Type of construction:	
Protective Control of the Control of		Occupancy groups:	
Name:			
Address:		Existing:	
City/State/ZIP:	Fax:	New:	
Phone:	I d.	NOTICE	
E-mail:	☐ CONTACT PERSON	All contractors and subcontractors are required to be lice the Oregon Construction Contractors Board under ORS	701 and
□ APPLICANT		may be required to be licensed in the jurisdiction in which being performed. If the applicant is exempt from licensing	i work is
Business name: Jolley Co	nstruction TLC	following reasons apply:	
	ARCIN		
Address: 4120 SE Inte			
City/State/ZiP: Will warlがを	615 213 213		
Phone: 563-717 2833	Fax: 508 213 9888		
E-mail: Johey Construc	tron 6 G mais. com	BUILDING PERMIT FEES*	
CONT	RACTOR	Please refer to fee schedule	
Business name:			
Address:		Fees due upon application	
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.: Juli EC L 890K. Authorized	151063 OR	This permit application expires if a permit is not o within 180 days after it has been accepted as co	btained nplete
signature:		* Foo methodology set by Tri-County Building	

Date: 4 14 19

JOHN MARCIN

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITION Development Department
Building Division
SEE LANDER DIV MG288W Millikan Way / PO Box 4755

Authorized signature:

Print name:

Approved

OFFICE USE ONLY

EE I./BLDG DI	Beaverton, OR 97076	Date Received	: 03/15/2019 Permit No	9 .B2019-1008
Reaverton	Phone: (503) 526-2493 Fax: (503) 526-2550	Date Issued:	10-25-19 By: 1	
O R E G O N	General Information (503) 526-2222 BeavertonOregon.gg		TY OF BEAVERTON Payment	Type: Visa
		≝β		2-FAMILY DWELLING
	TYPE OF WORK		Permit fees* are based on the value	of the work performed.
☐ New construction	☐ Demolition		Indicate the value (rounded to the n materials, labor, overhead, and the	earest dollar) of all equipment, profit for the work indicated on
☑ Addition/alteration/replaceme			this application.	- AND - AND -
	CATEGORY OF CONSTRUCTION		Valuation	ANN ANN
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:	
Accessory building	Multi-family		Number of bathrooms:	Allea
☐ Master builder	Other:		Total number of floors:	
Jo	OB SITE INFORMATION AND LOCATION		New dwelling area:	square feet
Job site address: 12375 SW	√ Broadway St.		Garage/carport area:	square feet
city/State/ZIP: Beaverton,	OR 97005		Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: Bakery Block		Deck area:	square feet
Cross street/directions to job sit	te: Corner of SW Broadway and SW Hall. I	North of	Other structure area:	square feet
	Farmington Rd.		REQUIRED DATA: COMME	
	Latra		Permit fees* are based on the value	e of the work performed.
Subdivision:	Lot no.:		Indicate the value (rounded to the r materials, labor, overhead, and the	nearest dollar) of all equipment,
Tax map/parcel no.:			this application.	
	DESCRIPTION OF WORK		Valuation	\$75,000
Renovation of theater	building. Change of occupancy from S-2 to	o B.	Existing building area:	square feet 4438
Repair or replacement partition wall. Add skyl	t of existing second floor. New stair and int	lenor	New building area:	square feet (
parillon wall. Add skyl	igino.		Number of storles:	2
	OWNER I TENANT		Type of construction:	IIIB & VE
Name: Dan Magner			Occupancy groups:	
Address:			Existing:	S-2 & E
City/State/ZIP:			New:	
Phone: (503) 702-5933	Fax:		NOTI	CF.
E-mail: dan@miraclesig	n com		All contractors and subcontractors	standing of the artist entrances and a second of the
☑ APPLICA		ON	— I the Oregon Construction Contracto	ors Board under ORS /01 and
Business name: Guggenhe			may be required to be licensed in t being performed. If the applicant is	exempt from licensing, the
Contact name: Reid Leslie			following reasons apply:	
Address: 915 NW 19th A				
City/State/ZIP: Portland, C			·	
Phone: (503) 272-1566	Fax:	-		
· · · · · · · · · · · · · · · · · · ·				
E-mail: reid@guggenhe	CONTRACTOR		BUILDING PE	RMIT FEES*
Business name Llansish M	State and Control of the Control of		Please refer to	fee schedule
Business name: Hamish M			Fees due upon application	\$1,160.74
Address: 4440 SW Corb			Amount received	
City/State/ZIP: Portland, C	Fax:		Date received:	
Phone: (503) 460-7203	1 0/4.		<u> </u>	
CCB lic.: 155435			This permit application expire	es if a permit is not obtained

Date:

within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 ECTRONIC SUBMANTSA (24) 3 Fax: (503) 526-2550

Authorized signature:

Print name:

Chae Pak

Date Received:

Date Issued:

OFFICE	USE ONLY
5-7-19	Permit No. B2019-1898
10-24-19	By: WL
<i>₽</i>	Daymont Times (10011

SEE I: /BLDG DIV WO	BeavertonOregon.gov	Payment Type: WWW
	E OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
✓ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on
CATEGORY	OF CONSTRUCTION	Valuation \$255,202.33 -350,000
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms: 3
☐ Accessory building	☐ Multi-family	Number of bathrooms: 2.5
☐ Master builder	. Other:	Total number of floors: 2
JOB SITE INFOR	□ Demolition □ Other: □ Other: F CONSTRUCTION □ Multi-family □ Other: ATION AND LOCATION □ Project name: 520SFH Require Deck area: □ Other structure an Require fees* are base indicate the value (or materials, labor, over this application.) Project name: 520SFH Reseline □ Other structure an Require beautiful area base indicate the value (or materials, labor, over this application.) Valuation \$255 Number. of bedrow Number of stores are as indicate the value (or materials, labor, over this application.) Valuation □ TENANT □ TENANT □ TENANT □ CONTACT PERSON □ Fax: All contractors and she Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to being performed. If I following reasons and the Oregon Construct to be the Oregon Construct to the	New dwelling area: square feet 1768
Job site address: 520 SW 173rd Ave		. 706
City/State/ZIP: Beaverton OR 97006		datagarda portario di 100
Suite/bldg./apt. no.:	Project name: 520SFH	Ooyolog polon alaa
Cross street/directions to job site: North of I	Baseline	
Over Oak	Latra A2	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
subdivision: GrayOak	1.0110 42	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.: 2	TION OF WORK	
Billion of the property of the soft several se	FION OF WORK	Valuation
New construction SFH		Existing building area: square feet
	•	New building area: square feet
	•	Number of stories:
☑ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Chae Pak		Occupancy groups:
Address: PO Box 219111		Existing:
City/State/ZIP: Portland OR 97225		New:
Phone: 5033088098	Fax:	NOTICE
E-mail: chaepak@gmail.com		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and
Business name: N/A		being performed. If the applicant is exempt from licensing, the
Contact name: Chae Pak		
Address: PO Box 219111		
City/State/ZIP: Portland OR 97225		
Phone: 5033088098	Fax:	
E-mail: chaepak@gmail.com		
CON	TRACTOR	BUILDING PERMIT FEES*
Business name: Hilline Homes		Please refer to fee schedule
Address: 1888 Belmont Loop		Fees due upon application \$1,144.51
City/State/ZIP: Woodland WA 98674		Amount received
Phone: 3602251849	Fax:	Date received:
CCB lic.: 182300		This permit application expires if a permit is not obtained

Date:

5/7/19

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Date Red TO DIV WESTER Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 5-7-19	Permit No.: B2019-1902
Date Issued: 6-24-19	Ву: 11
	Payment Type: CM 01 10

Times Or Work □ Demonstruction □ Demonstruct	SEC I./ DLDG DIV V	V O − O BeavertonOregon.gov ∟	
Sever construction		TYPE OF WORK	
DARGONY OF CONSTRUCTION Accessory building □ Commercial/Indicatrial Valuation \$97,845,54 \$96,900 Number of bodies:	✓ New construction	☐ Demolition	Indicate the value (rounded to the nearest dollar) of all equipment,
☐ 1- axid 2-family dwelling	☐ Addition/alteration/replacement	Other:	
Accessory building	CATEGO	DRY OF CONSTRUCTION	Valuation \$97,845.54 90;000
Mester builder	☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms: 2
Job site siddress: 520 SW 173rd Ave CRystateAZPP: Beaverfron OR 97006 Suiterlike Japin no.: Project name: 520 ADU Cross street/directions to job site: North of Basoline Suiterlike Japin no.: Suiter	☐ Accessory building	☐ Multi-family	Number of bathrooms: 1
Jub site address: 520 SW 173rd Ave City/State/ZIP: Beaverton OR 97006 Suitertidid/plat no: Project name: 520ADU Cross street/directions to jub site. North of Baseline Suitertidid/plat no: Project name: 520ADU Cross street/directions to jub site. North of Baseline Suitertidid/plat no: Cross street/directions to jub site. North of Baseline Suitertidid/plat no: Quarter feet Covered poor hares: square feet Deck area: square feet Covered poor hares: square feet Deck area: square feet Covered poor hares: square feet Covered poor hares: square feet TREQUIRED DATA: Commendat-Use CriteCRUST REQUIRED DATA: Commendation in square feet Deck area: square feet Deck area: square feet The post feet of the value (connect of the value of the work performed, indicate the value (connect of the value of the work performed. Indicate the value (connect of the value of the	☐ Master builder	☐ Other:	Total number of floors:
Jub site oddress: 520 SW 173rd Ave City/state/ZIP: Beaverfron OR 97006 Suite/did Japin no.: Project name: 520 ADU	JOB SITE IN	FORMATION AND LOCATION	New dwelling area: square feet 799
City/State/ZIP: Beaverton OR 97006 Suiterbididg/apt. no.: Project name: 520ADU Coose street/directions to job site: North of Bassline Coose street/directions Coose street/d	Job site address: 520 SW 173rd Av	/e	
Suiterbidg/Appt.no.: Project name: \$20ADU Cross street/directions to job site: North of Baseline Subdivision: GrayOak Lot no.: 42 Subdivision: GrayOak Lot no.: 42 DESCRIPTION OF WORK New Construction ADU DESCRIPTION OF WORK New Construction ADU DESCRIPTION OF WORK Nome: Chae Pak Address: PO Box 219111 City/State/Zip: Portland OR 97225 Phone: 5033088098 E-mail: chaepak@gmail.com D' APPLICANT Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 Contract PERSON Business name: N/A Contact name: Chae Pak Address: Ras Bellmont Loop CutyState/Zip: Portland OR 97225 Phone: 5033088098 Fax: Free: Contract PERSON Business name: Hilline Homes Address: Ras Bellmont Loop CutyState/Zip: Woodland WA 98674 Phone: 3602251849 Fax: Free: due upon application spring it a pormit to not contact and address and addres	City/State/ZIP: Beaverton OR 970	06	
Cross street/directions to job site: North of Baseline Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit feet are based on the value of the work performed, indicate the value of the work performed. Indicate the value of the work indicated or his application covered, and the profit for the work indicated or his application covered to the no application. Valuation Existing building area: square feet New Departy OWNER	Suite/bldg./apt. no.:	Project name: 520ADU	
Subdivision: GrayOak Lot no.: 42 Tax map/parcet no.: 2 DESCRIPTION OF WORK	Cross street/directions to job site: North	of Baseline	
Subdivision: GrayOak Lot no.: 42 Description of Work			
Tax map/parcel no.: 2 DESCRIPTION OF WORK		10	
New construction ADU PROPERTY OWNER		Lot no.: 42	Indicate the value (rounded to the nearest dollar) of all equipment,
Valuation Existing building area: square feet New building a			
Existing building area: square feet		SCRIPTION OF WORK	Valuation
Name: Chae Palk Address: PO Box 219111 City/State/ZiP: Portland OR 97225 Phone: 5033088098 Fex: E-mell: chaepak@gmail.com E-mell: chaepak@gmail.com Business name: N/A Contact name: Chae Pak Address: PO Box 219111 City/State/ZiP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com Business name: N/A Contact name: Chae Pak Address: PO Box 219111 City/State/ZiP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com CONTRACTOR Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZiP: Woodland WA 98674 Phone: 3602251849 Fax: CCB lic: 182300	New construction ADU		Existing building area: square feet
Tenant	•		New building area: square feet
Name: Chae Pak Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com City/State/ZIP: Portland OR 97225 Phone: The pak			Number of stories:
Name: Chae Pak Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com El APPLICANT D CONTACT PERSON Business name: N/A Contact name: Chae Pak Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com Contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: Business name: Hilline Homes Contractors Building reasons apply: Building PERMIT FEES* Please refer to fee schedule Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained This permit application expires if a permit is not obtained		☐ TENANT	Type of construction:
Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 E-mill: chaepak@gmail.com Papelicant	Name: Chae Pak		
City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mall: Chaepak@gmail.com	Address: PO Box 219111		
Phone: 5033088098 Fax: E-mail: Chaepak@gmail.com APPLICANT	City/State/ZIP: Portland OR 97225	5	
E-mail: chaepak@gmail.com Contact person			
Contact person Cont			
Business name: N/A Contact name: Chae Pak Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com CONTRACTOR Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 Fax: CCB lic.: 182300 being performed. If the applicant is exempt from licensing, the following reasons apply: being performed. If the applicant is exempt from licensing, the following reasons apply: being performed. If the applicant is exempt from licensing, the following reasons apply: Building PERMIT FEES* Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained within 40 date of fact it has been accorded as complete.		☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and
Contact name: Chae Pak Address: PO Box 219111 City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: Chaepak@gmail.com Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 Fax: CCB lic.: 182300 This permit application expires if a permit is not obtained within 189 date of a remailed as complete.	Business name: N/A		being performed. If the applicant is exempt from licensing, the
City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com Building PERMIT FEES* Please refer to fee schedule Fees due upon application \$655,93 Amount received Phone: 3602251849 Fax: CCB lic.: 182300 This permit application expires if a permit is not obtained within 189 date effort it has been accepted as complete.	Contact name: Chae Pak		following reasons apply:
City/State/ZIP: Portland OR 97225 Phone: 5033088098 Fax: E-mail: chaepak@gmail.com Building PERMIT FEES* Please refer to fee schedule Fees due upon application \$655,93 Amount received Phone: 3602251849 Fax: CCB lic.: 182300 This permit application expires if a permit is not obtained within 188 date offer it has been accepted as complete.			
Phone: 5033088098 Fax: E-mail: chaepak@gmail.com CONTRACTOR Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 Fax: CCB lic.: 182300 Fax: BuilDING PERMIT FEES* Please refer to fee schedule Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained withing the date of tax it has been accepted as complete.		5	
E-mail: chaepak@gmail.com CONTRACTOR Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 CCB lic.: 182300 BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained within 190 date effort these been accepted as complete			
Business name: Hilline Homes Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 CCB lic.: 182300 Building PERMIT FEES* Please refer to fee schedule Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained within 190 date effor it has been accepted as complete.			
Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 CCB lic.: 182300 Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained within 190 date effort these been accepted as complete.		CONTRACTOR	BUILDING PERMIT FEES*
Address: 1888 Belmont Loop City/State/ZIP: Woodland WA 98674 Phone: 3602251849 CCB lic.: 182300 Fees due upon application \$655.93 Amount received Date received: This permit application expires if a permit is not obtained within 180 date effort it has been accepted as complete.	Business name: Hiline Homes		Please refer to fee schedule
City/State/ZIP: Woodland WA 98674 Phone: 3602251849 CCB lic.: 182300 Amount received Date received: This permit application expires if a permit is not obtained within 180 date effort these been accepted as complete.			Fees due upon application \$655.93
Phone: 3602251849 CCB lic.: 182300 Date received: This permit application expires if a permit is not obtained within 190 date effort that been accepted as complete.		74	Amount received
CCB lic.: 182300 This permit application expires if a permit is not obtained within 180 days effect these been accomplete.		··· · · · · · · · · · · · · · · · · ·	Date received:
This permit application expires it a permit is not obtained			
			This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Date:

5/7/19

Print name:

Chao Dak

Fee methodology set by Tri-County Building Industry Service Board

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

RECEIVED

OFFICE	USE ONLY
Date Receive FEB 25 2019	Permit No.: 132019-0745
Date Issued: 10-25-19	Ву: ///
BUILDING SERVICES DIVISION	Payment Type: Chlle

, , , , , , , , , , , , , , , , , , , ,	General Information (503) 526-2222 BeavertonOregon.gov	BUIL
	TYPE OF WORK	
☐ New construction	☐ Demolition	
Addition/alteration/replacement	Other:	
CAT	EGORY OF CONSTRUCTION	
1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE	E INFORMATION AND LOCATION	
Job site address: 13490	SIM BERTHOLD St.	
City/State/ZIP: BZAver)		
Suite/bidg./apt. no.:	Project name: Lisch Res	÷ .
Cross street/directions to job site:		
ERICKSON		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
	age And ADD NEW AHACK	LOG (JALA)
□ PROPERTY OWNER	TENANT.	L&C7ALKS
DPROPERTY OWNER	da Lisch	LOCTALAS
DEROPERTY OWNER Name: Tom & Rhono Address: 13490 Sld	da Lisch Barrhold St.	Ld C7 ALAS
DPROPERTY OWNER Name: Tom & Rhono Address: 13490 SLA City/State/ZIP: BRAVENTO	da Lisch BRATHOLD St. OR G7005	Ld C7 ALKS
Name: TOM & Rhono Address: 13490 Slaf City/State/ZIP: BRAVENTON Phone: 971-404-5454	da Lisch BRATHOLD St. OR 9700 [Fax:	Ld C7 ALAS
Name: Tom & Rhone Address: 13490 Sld City/State/ZIP: BRAVENTON Phone: 971-404-5454	da Lisch BRATHOLD St. OR 9700 [Fax:	
DPROPERTY OWNER Name: Tom & Rhono Address: 13490 SLA City/State/ZIP: BRAVEVA Phone: 971-404-5454 E-mail: +on P Cose	da Lisch BRATOUGSt. OR G7005 Fax:	
DPROPERTY OWNER Name: Tom & Rhono Address: 13490 Sld City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mail: +On R COSE	da Lisch BRATOUGSt. OR G7005 Fax:	
DPROPERTY OWNER Name: Tom & Rhono Address: 13490 SLA City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mail: +om P Coste D APPLICANT Business name:	da Lisch BRATOUGSt. OR G7005 Fax:	
DPROPERTY OWNER Name: Tom & Rhono Address: 13490 Sld City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mall: +on R Core APPLICANT Business name: Contact name:	da Lisch BRATOUGSt. OR G7005 Fax:	
Name: Tom & Rhonor Address: 13490 SLA City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mail: +on P Coste Applicant Business name: Contact name: Address:	da Lisch BRATOUGSt. OR G7005 Fax:	
Name: Tom & Rhono Address: 13490 Sld City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mail: +on R Core APPLICANT Business name: Contact name: Address: City/State/ZIP:	da Lisch BRATO (d St. OR 9700 (Fax:	
Name: Tom & Rhono Address: 13490 Std City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mall: +om P Coste APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone:	da Lisch BRATO (d St. OR 9700 (Fax:	
Name: Tom & Rhono Address: 13490 Std City/State/ZIP: BRAVENTO Phone: 971-404-5454 E-mall: +om P Coste APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone:	TENANT da Lisch BRATO (d St. OR G700 (Fax: CONTACT PERSO	
Name: Tom & Rhono Address: 13490 Sld City/State/ZIP: BEAUCHON Phone: 971-404-5454 E-mail: +on & Cofe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:	TENANT da Lisch BRATHOLD St. OR G700 (Fax: GC. Net CONTACT PERSO	
Name: Tom & Rhone Address: 13490 Sld City/State/ZIP: BRAUCHTO Phone: 971-404-5454 E-mail: +on R Cost APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Cost C	TENANT da Lisch BRATHOLD St. OR G700 (FAX: GC. net CONTACT PERSO FAX: CONTRACTOR GENERAL CONTRACTORS	

Date:

Authorized signature:

Print name:

G SERVICES DIVISION	
REQUIRED DATA: 1- AND	
Permit fees* are based on the value indicate the value (rounded to the imaterials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation 4 60	5,000°
Number, of bedrooms:	,
Number of bathrooms: 2	<u> </u>
Total number of floors:	2
New dwelling area:	square feet 144
Garage/carport area:	square feet 247
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	
Permit fees* are based on the valual Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of storles:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant tollowing reasons apply:	tors Board under ORS 701 and the jurisdiction in which work is
	ERMIT FEES*
	o fee schedule
Fees due upon application	Ca9.60
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Building Division Willikan Way / PO Box 4755 Beaverton OP 97070

Date Received: Date Issued: 4/25/20

Permit No.: B2019-1703

signature:

Print name:

Gene Tompkins

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY

1 0 8 E 0 N	BeavertonOregon.gov	CITY OF	- BEAVERTON	як туре.	
Т	YPE OF WORK	BUILDI	NG DIVERNIKED DATA: 1- AF	ND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition		Permit fees* are based on the va	alue of the work performed. e nearest dollar) of all equi	ipment,
☑ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and this application.	he profit for the work indica	ated on
CATEGO	RY OF CONSTRUCTION		Valuation		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	☐ Other:		Total number of floors:		
JOB SITE INF	ORMATION AND LOCATION		New dwelling area:	square feet	
Job site address: 10470 SW Barnes	Road		Garage/carport area:	square feet	
City/State/ZIP: Beaverton, OR 9722	5		Covered porch area:	square feet	
Suite/bidg./apt. no.:	Project name: Elevator Canop	у	Deck area:	square feet	
	TC Max Station located between		Other structure area:	square feet	
& SW E	Barnes Road. NW of Hwys 26 & 2	17	REQUIRED DATA: COM		ST N
Subdivision:	Lot no.:		Permit fees* are based on the va	alue of the work performed	l. ,
Tax map/parcel no.: 1S102CB00200/			Indicate the value (rounded to the materials, labor, overhead, and to	ie nearest dollar) of all equi	ipment,
The second secon	CRIPTION OF WORK		this application.		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	elevator	Valuation		10,000
entrances at the plaza and platf	cement at existing canopies at 4 form levels and glazing at a new c	anopy	Existing building area:	square feet	NA
(canopy structure reviewed with	permit B2018-5204) at 1 elevato	r entrance	New building area:	square feet	NC
at the 3rd floor of the garage.			Number of stories:		2
☐ PROPERTY OWNER	☐ TENANT		Type of construction:		I-A
Name: TriMet (Contact: Clark Ide)		Occupancy groups:		
Address: 1800 SW First Avenue			Existing:		S-2
City/State/ZIP: Portland, OR 97201	· · · · · · · · · · · · · · · · · · ·		· New:		NC
Phone: (503) 962-2183	Fax:		NO	TICE	
E-mail: Idec@trimet.org			All contractors and subcontracto the Oregon Construction Contra	ors are required to be licens	sed with
☐ APPLICANT	CONTACT PERSO	IN A SECOND	may be required to be licensed i	in the jurisdiction in which v	work is
Business name: F.E. Tompkins Arch	nitecture		being performed. If the applicant following reasons apply:	t is exempt from licensing,	uie
Contact name: Gene Tompkins					
Address: PO Box 344					
City/State/ZIP: Preston, WA 98050	T	~***			
Phone: (206) 795-7279	Fax:	*****			
E-mail: gene@fetarch.com			BUILDING F	PERMIT FEES*	
	CONTRACTOR		Please refer	to fee schedule	
·····	onstruction (Contact: Aaron Brau	n)	Fees due upon application		
Address: 1455 NW Irving St			Amount received		
City/State/ZIP: Portland, OR 97209					
Phone: (503) 220-0895	Fax:		Date received:		
CCB lic.: 191495			This permit application exp within 180 days after it has	ilres if a permit is not obt	tained plete
Authorized			Within 100 days after it file	and	

Date:

03/21/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Approved

Building Permit Application

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755

ELECTRONIC SUBMITTAL eaverton, OR 97076
Fax: (503) 526-2550
ation (503) 526-2222

Date Received: 06/21/2019 Permit No.: B2019-2697

Date Issued: 0-24-19 By: ###

CITY OF BEAVERTON Payment Type: VISA

ation (503) 526-2222 SEE I:/BLDG DIV WG-8... eavertonOregon.gov BUIL TYPE OF WORK □ Demolition ☐ New construction Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☑ Commercial/industrial 1- and 2-family dwelling ☐ Multi-family Accessory building Other: Master builder JOB SITE INFORMATION AND LOCATION Job site address: 10950 SW 5Th Ave City/State/ZIP: Beaverton Oregon 97005 Project name: Green Tree Suite/bldg./apt. no.: Suite 330 Cross street/directions to job site: Lot no.: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Strucrural Modification for HVAC Roof Curb ☐ TENANT Z PROPERTY OWNER Name: Harsch Investment Address: 1121 Sw 5th Ave Suite 500 City/State/ZIP: Portland Oregon 97205 Phone: (503) 242-2900 Fax: E-mail: ☐ CONTACT PERSON ☑ APPLICANT Business name: Pacific Crest Structures Contact name: Alan Volm Address: 17750 SW Upper Boones Ferry Rd Suite 190 City/State/ZIP: Portland Oregon 97224 Fax: Phone: (503) 968-8949 E-mail: alan@ pacificcrestweb.com CONTRACTOR Business name: Pacific Crest Structures Address: 17750 SW Upper Boones Ferry Rd Suite 190 City/State/ZIP: Portland Or 97224 Fax: Phone: (503) 968-8949 CCB lic.: 66915

Authorized signature:

Print name:

Alan Volm

DINIO DIVIO	
DING PUNISION TA: 1- AND 2-FAM	ILY DWELLING
Permit fees' are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	work performed. dollar) of all equipment.
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	contribution of the second of the second of the second
Permit fees' are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all equipment, or the work indicated on
Valuation	\$3275
Existing building area:	square feet
New building area:	square feet
Number of stories:	One
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required foreign Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT F	Spirate Company of the Company of th
Fees due upon application	r
Amount received	\$103.61
Date received:	1
ן טמום ופטפועפט.	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date: 6/24/19

06/20/19

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

BMITTAL eaverton, OR 97076
Fax: (503) 526-2550
3) 526-2222 VTDD

RECEIVED	
OFFICEL	JSE ONLY
Date Received: 06/24/2019	Permit No.: B2019-2730
Dale Issued:	Ву:
CITY OF BEAUTIDES	Payment Type:

SEE II/BLDG DIV	VV G-OseavertonOregon.gov	B
	TYPE OF WORK	
☐ New construction	☐ Demofition	
☑ Addition/alteration/replacement	[Z] Other; fire sprinkler	
CATEGO	DRY OF CONSTRUCTION	
1- and 2-family dwelling	[Z] Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	☐ Other:	
JOB SITE IN	FORMATION AND LOCATION	
Job sile address: 6600 SW 105th Ave		
City/State/ZIP: Beaverton, OR 97008		
Suite/bidg./apt. no.; 175	Project name: PNWP Office Expansion TI	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DES	CRIPTION OF WORK	
PROPERTY: OWNER	□ TENANT	
Address:		
City/State/ZIP:		
Phone;	Fax:	
E-mall;		
	☐ CONTACT PERSON	
Business name:		
Contact name:		
Address:		
Clty/State/ZIP:		
Phone:	Fax:	
E-mail: breana@afpsys.com		
	CONTRACTOR	
Business name: AFP Systems		
Address; 18435 SW 129th Ave.		
City/State/ZIP: Tualatin,OR 97062		
Phone: (503) 692-9284	Fax: (503) 692-1186	
CCB lic.; 67634		
Authorized signature:	1)	
Print name:	Date:	

Sleve Frost

ILDING POVISIONE 1- AND 2-FAM	ILY DWELLING
Permit fees' are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	work performed. dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area;	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	
Permil fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	\$900.00
Existing building area:	square feet TI 4,164
New building area:	square feet
Number of stories:	2
Type of construction:	111-8
Occupancy groups:	
Existing:	B-office
New:	no change
NOTICE	
All contractors and subcontractors are required the Oregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exempted following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMITSE	
Please refer to fee sch	edule
Please refer to fee sch Fees due upon application	
Please refer to fee sch	edule

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

06/24/19



Print name:

Ben Breit

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD

		OFFICE	USE ONLY
Date Received	111	T T	Permit No 12019-2714
Date Issued:	6124	2019	
			Payment Type:

,	BeavertonOregon.gov	Payment Type:
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed.
☑ Addition/alteration/replacement	☐ Other;	Indicate the value (rounded to the nearest dollar) of all equipmaterials, labor, overhead, and the profit for the work Indica
CATEGO	RY OF CONSTRUCTION	this application. Valuation
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	
☐ Master builder	☐ Other;	Number of bathrooms:
JOB SITE IN	FORMATION AND LOCATION	Total number of floors:
Job site address: 6600 SW 105th Av	/e.	New dwelling area: square feet
city/State/ZIP: Beaverton, OR 9700	······································	Garage/carport area: square feet
Sulte/bldg./apt. no.: 155	Project name: PNWP	Covered porch area; square feet
Cross street/directions to job site:		Deck area: square feet
		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equip
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicat
DESC	RIPTION OF WORK	this application, Valuation
Fire Alarm - Notification Device	s (Relocates only)	Existing building area: square feet
		New building area: square feet
		Number of stories:
☐ PROPERTY OWNER	☑ TENANT	Type of construction:
Name: PNWP		Occupancy groups:
Address: 6600 SW 105th Ave. Sui	te 155	Existing:
city/state/ZIP: Beaverton, OR 9700	8	
Phone:	Fax;	New:
E-mail:		Nonce
APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701
Business name: Point Monitor Corp.		may be required to be licensed in the jurisdiction in which wo being performed. If the applicant is exempt from licensing, thi
Contact name: Brooke Williams		following reasons apply:
Address: 5863 Lakeview Blvd. #10	10	
City/State/ZIP: Lake Oswego, OR 97	7035	
Phone: (503) 627-0100	Fax:	
E-mail: bwilliams@pointmonitor.co	om	
and the control of th	ONTRACTOR	BUILDING PERMIT FEES ⁴
Business name: Point Monitor Corp.		Please refer to fee schedule
Address: 5863 Lakeview Blvd. #10	0	Fees due upon application
City/State/ZIP: Lake Oswego, OR 97		Amount received
Phone: (503) 627-0100	Fax:	Date received:
CCB lic.: 135901	Luc Luc	
Authorized R R		This permit application expires if a permit is not obtain within 180 days after it has been accepted as complet

Date:

06/21/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY						
Date Received: 6-24-19	Permit No.: B2019 -2716					
Date Issued: 6-24-19	Ву: ///					
-	Payment Type:					

	BeavertonOregon.gov			Payment Type:
TY	PE OF WORK		REQUIRED DATA:	1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition		Permit fees* are based on	the value of the work nerformed
Addition/alteration/replacement	Other:		materials, labor, overhead,	I to the nearest dollar) of all equipm and the profit for the work indicated
CATEGOR	Y OF CONSTRUCTION		this application.	
☐ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:	
Accessory building	Multi-family		Number of bathrooms:	
☐ Master builder	☐ Other:			
JOB SITE INFO	RMATION AND LOCATION		Total number of floors:	
Job site address:5450 SUO	Erichson audin		New dwelling area:	square feet
City/State/ZIP: Volume Court	n.02.97005		Garage/carport area:	square feet
Suite/bidg./apt, no.: Suth Con	Project name: CRUKSION VIII	001	Covered porch area:	square feet
Cross street/directions to job site:	h marital	7	Deck area:	square feet
	10111 00 100 10		Other structure area:	square feet
Subdivision:	Hoton			OMMERCIAL-USE CHECKLIST
Tax map/parcel no.:	Lot no.:		I indicate the value (rounded	ne value of the work performed. to the nearest dollar) of all equipme
	PTION OF WORK		materials, labor, overhead, a this application.	and the profit for the work indicated
DECOM:	C A C S A		Valuation 27 Q	942
4 40 SOLI-	- KL-KOOT		Existing building area	7.000 square feet
			New building area:	square feet
			Number of stories:	
PROPERTY OWNER	☐ TENANT		Type of construction:	***************************************
Name: SUOTOLON M	progement LLC		Occupancy groups:	, , , , , , , , , , , , , , , , , , ,
Address: 160 Swyth	aul 1ste. 3200		Existing:	
Clty/State/ZIP: 1021and	21297205		New:	
Phone: 503.442.0735	Fax:		HOW.	NOTICE
E-mail: Wary. Weldo (O)	gres.com		All contractors and subscate	
A APPLICANT	☐ CONTACT PERSON		the Oregon Construction Co.	actors are required to be licensed w ntractors Board under ORS 701 and
Business name: DVISONW	strong Co, INC.		being performed. If the application	ed in the jurisdiction in which work is cant is exempt from licensing, the
	nver,		following reasons apply:	
Address: 10 60 × 100 5 /	550 SWADUST			
City/State/ZIP: HILSOOFO, C	261193			
Phone 503. 840. 1575	5 Fax: 503.640.212	3		
E-mail: tanya cours	mas.toona			
	TRACTOR		BUILDING	PERMIT FEES*
Business name: QQ150° VC	oting co.inc.		Please re	fer to fee schedule
Address: PO BOX 1045	550 Sw Maple S		Fees due upon application	
City/State/ZIP: HISODRO	0297123'		Amount received	
Phone: 50%. 846. 1575	5 Fax: 503.640.212	a	Date received:	
CCB IIC.: 159480			This payelf	
Authorized Con Library	20 NCLL		within 180 days after it i	xpires if a permit is not obtained has been accepted as complete
Print name: PAA 21 10 5001	VASED Date: 0. 30.1	Θ	* Fee methodology set b	y Tri-County Bulldina
- individual	NIOCK Dale: M. MO.I		Industry Service Board	,

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton ® R E S O N

Authorized signature:

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.geta

OFFICE	USE ONLY
Date Received: 06/21/2019	Permit No.: B2019-2700
Date Issued: / dayları	ac
9313019	Payment Type:

Түү	PE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGORY	OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 13425 SW 3rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Ashley Hanson
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	IPTION OF WORK
Removing load-bearing wall and Creating a master suite and raisi	replacing with a load-bearing beam. ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master sulte and raisi the rest of the house. Framing re windows.	ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows.	ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson	ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE	ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392	ng the current floor of the future suite to pairs as needed for all new siding and
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.com	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.cc APPLICANT Business name: Contact name: Ashley Hanson	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co APPLICANT Business name: Contact name: Ashley Hanson Address: 8498 Valley Way SE	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co APPLICANT Business name: Contact name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392	ng the current floor of the future suite to pairs as needed for all new siding and TENANT Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co APPLICANT Business name: Contact name: Ashley Hanson Address: 8498 Valley Way SE	rg the current floor of the future suite to pairs as needed for all new siding and TENANT Fax: CONTACT PERSON Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Applicant Business name: Contact name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co	rg the current floor of the future suite to pairs as needed for all new siding and TENANT Fax: CONTACT PERSON Fax:
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Applicant Business name: Contact name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co	rg the current floor of the future suite to pairs as needed for all new siding and TENANT
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Address: 8498 Valley Hanson Address: 8498 Valley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co	rg the current floor of the future suite to pairs as needed for all new siding and TENANT
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing re windows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Address: 8498 Valley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Business name: Superior Framing &	rg the current floor of the future suite to pairs as needed for all new siding and TENANT
Removing load-bearing wall and Creating a master suite and raisi the rest of the house. Framing rewindows. PROPERTY OWNER Name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Address: 8498 Valley Way SE Contact name: Ashley Hanson Address: 8498 Valley Way SE City/State/ZIP: Turner, OR 97392 Phone: 541-891-8658 E-mail: ashmariehanson@gmail.co Cot Business name: Superior Framing & Address: 2373 NW 185th AVE #28	rg the current floor of the future suite to pairs as needed for all new siding and TENANT

Date:

work performed. dollar) of all equipment, or the work indicated on \$6400
square feet
square feet
square feet
square feet
square feet
square feet
square feet
square feet
-USE CHECKLIST
e work performed. I dollar) of all equipment, for the work indicated on
square feet
square feet
quired to be licensed with ard under ORS 701 and sdiction in which work is pt from licensing, the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building

Industry Service Board



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY Date Received: 0 9 70 9 Permit No. 5209 Date Issued: Payment Type:

	BeavertonOregon.gov L				
$\overline{\tau}$	YPE OF WORK	Seat and in the Control of the Contr	AND 2-FAMILY DWELLING		
☐ New construction	☐ Demolition	Permit fees* are based on the Indicate the value (rounded to	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,		
☆ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, ar this application.	d the profit for the work indicated on		
CATEGOR	RY OF CONSTRUCTION	Valuation			
☐ 1- and 2-family dwelling	Commercial/industrial	Number, of bedrooms:			
☐ Accessory building	☐ Multi-family	Number of bathrooms:			
☐ Master builder	☐ Other:	Total number of floors:			
JOB SITE INF	ORMATION AND LOCATION	New dwelling area:	square feet		
Job site address: \QU9D S	0 1st Street	Garage/carport area:	square feet		
City/State/ZIP: Beaverton			square feet		
Suite/bldg./apt. no.:	Project name: Schaefer	Covered porch area:			
Cross street/directions to job site:		Deck area:	square feet		
		Other structure area:	square feet		
			MMERCIAL-USE CHECKLIST		
Subdivision:	Lot no.:	Indicate the value (rounded to	value of the work performed. the nearest dollar) of all equipment,		
Tax map/parcel no.:		materials, labor, overhead, ar	d the profit for the work indicated on		
	RIPTION OF WORK	Valuation 5 8,000	<u>e</u> 2		
Tear off roof	of apply new TPO memban	Existing building area:	square feet		
		New building area:	square feet		
		Number of stories:			
□ PROPERTY OWNER	□ TENANT	Type of construction:			
Name: Ruth Schaefer	/ Schaefer Family Trust	Occupancy groups:	,		
Address: P.O. Box	99813	Existing:			
City/State/ZIP: Seattle,	WA 98139.	New:			
Phone: 206-200-890	G Fax:		NOTICE		
E-mail: ruth schaefer 123	C gmail, com	All contractors and subcontra	ctors are required to be licensed with		
VZÍ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Con	tractors Board under ORS 701 and din the jurisdiction in which work is		
Business name: PDX (NSA	CONSTRUCTION	being performed. If the applic	ant is exempt from licensing, the		
Contact name: CRISTA	PEDRAZA	Tollowing reasons apply.			
	1103				
	egon: 91007				
Phone: 503-490-4684,	Fax:				
E-mail: POX LASA CONSTRU	action Camail.com				
CC	ONTRACTOR	BUILDING	PERMIT FEES*		
Business name: PDX (ASA	CONSTRUCTION	Please rea	er to fee schedule		
^	163	Fees due upon application			
City/State/ZIP: Alpha, OR	97007	Amount received			
Phone: 503-490-6684	Fax: 971-888-5908	Date received:			
CCB lic.: 2139 81		This permit application e	xpires if a permit is not obtained		
Authorized		within 180 days after it	has been accepted as complete		

Date: 6-17-19

Pedraza

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application
City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

			OFFI	CE l	JSE ONLY
Date Received	06	/20/2	019		Permit No.: B2019-2699
Date Issued:	7	1.	ĺ	- (
	0	21	219		Payment Type:

TO REGO W MINISTRAL		P [0.1] (001) (d) (d)
Ţ	YPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	Demolition	Rermit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
	RY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	■ Commercial/industrial	Number, of bedreoms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 3615 SW Hall Blvd	Name of the state	Garage/carport area square feet
City/State/ZIP: Beaverton, OR 97008		Covered porch area: square feet
Suite/bldg./apt. no.:	Project name: RENU Chiropractic	
Cross street/directions to job site:		
SW Hall Blvd and SW Cede	er Hills Blvd.	
SVV Flan Biva and Svv Soon		REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Subdivision:	Lot no.:	this application.
Tax map/parcel no.:		Valuation \$625.00
	CRIPTION OF WORK	Existing building area: square feet
Add (2), Relocate (2) sprink	ders, to accommodate a new tenant	New building area: square feet
remodel.	•	Number of stories: 1,00
		Type of construction: 5B
		Occupancy groups:
☐ PROPERTY OWNER	☐ TENANT	Existing: A, B, M
Name: BG Properties		New: B
Address: 3800 SW Ceder Hills Blvd		NOTICE
City/State/ZIP: Beaverton, OR 97005		All contractors and subcontractors are required to be licensed wit
Phone: (503) 380-9007	Fax:	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
■ APPLICANT	☐ CONTACT PERSON	being performed. If the applicant is exempt from licensing, the following reasons apply:
Business name: Patriot Fire Protection		
Contact name: Joseph Plattner	, , , , , , , , , , , , , , , , , , , ,	_
Address: 4708 NE Minnehaha Street		
City/State/ZIP: Vancouver,WA 97225		
Phone: (360) 699-4403	Fax: (360) 699-4485	BUILDING PERMIT FEES*
E-mail: joseph.plattner@patriotfire.com		
	CONTRACTOR	Please refer to fee schedule
Business name: same as applicant		Fees due upon application \$103.
Address:		Amount received .
City/State/ZIP:		Date received:
Phone:	Fax:	This permit application expires if a permit is not obtained
CCB lic.: 70822		within 180 days after it has been accepted as complete
Authorized signature:		* Fee methodology set by Tri-County Building Industry Service Board

Fee methodology set by Tri-County Building Industry Service Board

rev 06/11

Date: 06/19/19



signature:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

in and an area of the second o			O	BAIGE	US	3 @	NLY				
Date Received	, ,	/ /	1	_	Pe	rmit	N6.)/ C7	فتتنبيه	रीत	093	
Date Issued:	1	21	120	19	/N	Z		<u>~</u>	***		
	,		7	,	Pa	yme	nt Type:				

	BeavertonOregon.gov └──		, , , , , , ,
TYPE O	F WORK	REQUIRED DATA: 1- AI	ID 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the va	
✓ Addition/alteration/replacement	Other:	materials, labor, overhead, and to	e nearest dollar) of atl equipment, ne profit for the work indicated on
CATEGORY OF CONSTRUCTION		this application. Valuation	5,000
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	1	
☐ Master builder	Other:	Number of bathrooms:	
	TON AND LOCATION	Total number of floors:	
Job site address: 8055 SW Berryhill CT		New dwelling area:	square feet
City/State/ZIP:Beaverton OR 97008		Garage/carport area:	square feet
Suite/bldg./apt, no.:	Project name: Berryhill	Covered porch area:	square feet
Cross street/directions to job site: Davies	January	Deck area:	square feet
Orong price and		Other structure area;	square feet
•		REQUIRED DATA; COMM	ERCIAL-USE CHECKLIST
Subdivision: (Trelaway	Lot no.: 27	Permit fees* are based on the va Indicate the value (rounded to the	
Tax map/parcel no.: VZ \\ &\ \CZ+		materials, labor, overhead, and the	
DESCRIPTIO	N OF WORK	this application. Valuation	
Retrofit existing skylight to insure integrated	grity of supporting truss	Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:Susan Marie Burgess-Knight		Occupancy groups:	
Address:8055 SW Berryhill CT		Existing:	
City/State/ZIP:Beaverton OR 97008		New:	
Phone:	Fax:	NOT	vor:
E-mail:smbknight@att.net			
☐ APPLICANT	☑ CONTACT PERSON	All contractors and subcontractors the Oregon Construction Contract	ors Board under ORS 701 and
Business name: Weichert Realtors-Elite	<u> </u>	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Contact name: Greg Chrisman		following reasons apply:	
Address: 1905 NW 169th PL			
City/State/ZIP:Beaverton OR 97006			
Phone:(503) 781-6514	Fax:		
E-mail:greg.caliber@gmail.com			
CONTRAC	TOR	BUILDING PE	RMIT FEES*
Business name: Proports	oS	Please refer to	fee schedule
Address: 14846 500 MW	NAUSCHOIS DR 76	Fees due upon application	
City/State/ZIP: POWOCTZION OY		Amount received	
Phone: 563-8 16-16900	Fax:	Date received:	
CCB lic.: 131285		This permit application expire	es if a permit is not obtained
Authorized		within 180 days after it has i	seen accepted as complete

Date: \

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Electronic Submittal

Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov Date Received: 5-7-19 Permit No.:27019-1895

Date Issued: 41320K Payment Type:

OFFICE USE ONLY

TYPE C	OF WORK	
☑ New construction	☐ Demolition	
☐ Addition/alteration/replacement	Other:	
CATEGORY OF	CONSTRUCTION	
1- and 2-family dwelling	☑ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE INFORMA	TION AND LOCATION	
Job site address: 2940 Sw CED	AR HILLS BLVD	
City/State/ZIP: BEAUGRADD, OR		
Sulte/bldg./apt. no.:	Project name: CHICK-FIL-A	
Cross street/directions to job site:	÷	
Out-distance	T. d. a.	
Subdivision:	Lot no.:	
Tax map/parcel no.:	N. S. WOOK	
FIRE ALARM SPRINKLER	ON OF WORK	
PROPERTY OWNER Name: CHICK-FILLA	☐ TENANT	
Name: CHICK-FIL-A		
	ILLS BLVD	
Address: 2940 sw CEDAR 4		
Address: 2940 5W CEDAR A City/State/ZIP: BISAVERTON, OR	97605	
Address: 2940 5W CEDAR A City/State/ZIP: BEAVERTON, OR Phone:	97605	
Address: 2940 5W CEDAR A City/State/ZIP: BISAVERTON, OR Phone: E-mail:	97605 Fax:	
Address: 2940 5W CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: [YAPPLICANT	97605 Fax:	
Address: 2940 5W CEDAR M City/State/ZIP: BEAVERTON, OR Phone: E-mail: E'APPLICANT Business name: EC ELECTRIC	97605 Fax:	
Address: 2940 SW CEDAR A City/State/ZIP: BISAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON	97605 Fax: CONTACT PERSON 57	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN	97605 Fax: CONTACT PERSON 57	
Address: 2940 5W CEDAR M City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326, 4290	Fax: CONTACT PERSON ST 7210 Fax:	
Address: 2940 5W CEDAR M City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326, 4290	Fax: CONTACT PERSON ST 7210 Fax:	
Address: 2940 SW CEDAR A City/State/ZIP: BISAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PGRTLAND, OR 97 Phone: 503, 320-4290 E-mail: Joe Stevenson @ ECPOR	Fax: CONTACT PERSON ST 7210 Fax:	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326, 4290 E-mail: Joe Stevenson @ ECPOC CONTRA	Fax: Contact Person	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326-4290 E-mail: Joe Stevenson & ecpor CONTRA Business name: EC BLECARIC	Fax: CONTACT PERSON ST	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326, 4290 E-mail: Joe Stevenson @ EC POL CONTRA Business name: EC ELECTRIC Address: 2121 NW THURMAN	Fax: CONTACT PERSON ST	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326. 4290 E-mail: Joe Stevenson & EC POR CONTRA Business name: EC ELECTRIC Address: 2121 NW THURMAN City/State/ZIP: L- BECTRIC Address: 2121 NW THURMAN	Fax: CONTACT PERSON	
Address: 2940 SW CEDAR A City/State/ZIP: BEAVERTON, OR Phone: E-mail: Business name: EC ELECTRIC Contact name: JOE STEVENSON Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 Phone: 503, 326, 4290 E-mail: Joe Steven SON @ ECPOR CONTRA Business name: EC ELECTRIC Address: 2121 NW THURMAN City/State/ZIP: PERTLAND, OR 97 CONTRA CONTRA City/State/ZIP: PERTLAND, OR CONTRA City/State/ZIP: PERTLAND, OR CONTRA City/State/ZIP: PERTLAND, OR CONTRA Phone: 503, 224, 3511	Fax: CONTACT PERSON	

	D 2-FAMILY DWELLING
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	ERCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation \$ 7500.00	
Existing building area:	square feet
New building area: 499	5 square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	,
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE Please refer to Fees due upon application	
Please refer to	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Approved



Print name:

AURYN WHITE

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY		
Date Received: 1 · Z · 2019	Permit No.: \$2019 -0016	
Date Issued:	ву: (*ДОДД	
	Payment Type: Vis	

☐ New construction	☐ Demolition
✓ Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/Industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 15930 SW REGAT	FA LN.
City/State/ZiP:BEAVERTON, OR 97	7006
Suite/bldg./apt. no.:	Project name: NECTAR REGATTA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	•
DESC	RIPTION OF WORK
DOORS.	☑ TENANT
☐ PROPERTY OWNER Name:NECTAR PDX	☑ TENANT
☐ PROPERTY OWNER Name:NECTAR PDX Address:3350 NE Sandy Blvd,	Control of the State of the Control of the State of the S
☐ PROPERTY OWNER Name:NECTAR PDX Address:3350 NE Sandy Blvd, City/State/ZIP:PORTLAND, OR 972	
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777	232
☐ PROPERTY OWNER Name:NECTAR PDX Address:3350 NE Sandy Blvd, City/State/ZIP:PORTLAND, OR 972	232
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: APPLICANT	Fax:
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT	Fax:
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE	Fax: CONTACT PERSON URE AND DESIGN
□ PROPERTY OWNER Name:NECTAR PDX Address:3350 NE Sandy Blvd, City/State/ZIP:PORTLAND, OR 972 Phone:(971) 703-4777 E-mail: □ APPLICANT Business name:BAMA ARCHITECT Contact name:AURYN WHITE Address:7350 SW MILWAUKIE A	Fax: CONTACT PERSON URE AND DESIGN VE.
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972	Fax: CONTACT PERSON URE AND DESIGN VE.
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283	Fax: CONTACT PERSON URE AND DESIGN VE. 202 Fax:
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN.	Fax: CONTACT PERSON URE AND DESIGN VE. 202 Fax:
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN.	Fax: COM CONTACT PERSON CON
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN.	Fax: COM CONTACT PERSON CON
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN. Current of the contact	Fax: COM CONTACT PERSON CON
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN. Current of the control	Fax: COM CONTACT PERSON CON
PROPERTY OWNER Name: NECTAR PDX Address: 3350 NE Sandy Blvd, City/State/ZIP: PORTLAND, OR 972 Phone: (971) 703-4777 E-mail: PAPPLICANT Business name: BAMA ARCHITECT Contact name: AURYN WHITE Address: 7350 SW MILWAUKIE A City/State/ZIP: PORTLAND, OR 972 Phone: (503) 253-4283 E-mail: AUYRN@BAMADESIGN. Cuty/State/ZIP: AUYRN@BAMADESIGN. Cuty/State/ZIP: AUYRN@BAMADESIGN. Cuty/State/ZIP: AUYRN@BAMADESIGN. Cuty/State/ZIP: AUYRN@BAMADESIGN.	Fax: COM CONTACT PERSON URE AND DESIGN VE. 202 Fax: COM ONTRACTOR

Date:

12/31/18

rayment	type. VIJPC	
REQUIRED DATA: 1- AND	2-FAMILY DWELLING	
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equ	ipment,
Valuation		
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMME	RCIAL-USE CHECKLI	ST,
Permit fees* are based on the val- indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equ	iloment, 🚶
Valuation	\$	80,000
Existing building area:	square feet	5,584
New building area:	square feet	
Number of stories:		1
Type of construction:		V-B
Occupancy groups:		
Existing:		A-2, B
New:		M,B
NOT	ICE	
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant if following reasons apply:	tors Board under ORS 7 the jurisdiction in which	01 and work is
BUILDING P	ERMIT FEES*	
Please refer to	o fee schedule	
Fees due upon application	1208.	35
Amount received	1208.	35

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

7120 Sus crestitien PL



Print name:

Jeff Lee

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY	
Date Received: U. G. O.	Permit No.: 200 - 2004
Date Issued: 100010	By: CRUY
	Payment Type: (15)4

	BeavertonOregon.gov L	
	TYPE OF WORK	REG
☐ New construction	Demolition	Permit fees' Indicate the
☐ Addition/alteration/replacement	Other: Solar PV System	materials, la this applicat
	RY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☐ Commercial/industrial	Number.
☐ Accessory building	☐ Multi-family	Number
☐ Master builder	Other:	Total nu
	FORMATION AND LOCATION	New dw
Job site address: 7120 SW Crestview, Bea		Garage/
City/State/ZIP:		
Suite/bidg./apt. no.:	Project name:	Covered
Cross street/directions to job site:		Deck are
		Other st
		REQ
Subdivision:	Lot no.:	Permit fees
Tax map/parcel no.: 1S122CB0390	0	materials, l this applica
DES	CRIPTION OF WORK	Valuation
Residential Rooftop Solar PV	System 14.57 kW	Existing
,		New bu
		Numbe
PROPERTY OWNER	☐ TENANT	Type of
Name: Janice Traw		Occupa
	Beaverton, Oregon, 97008	Exi
	Scavolicii, Grogeri, Greez	
City/State/ZIP:	Fax:	Ne
Phone:		N.Z. 283
E-mail:	□ CONTACT PERSON	All contraction the Orego
APPLICANT Dive Peyon Solar		may be re being perf
Business name: Blue Raven Solar	LLO	fallowing r
Contact name: Lesly Bee	Mov	
Address: 1403 North Research	vvay	
City/State/ZIP: Orem, UT 84097		
Phone: 385-482-0045	Fax:	
E-mail: permitting.department@		
	CONTRACTOR	
Business name: Blue Raven Sola	veli C	
		Foot due
Address: 1403 North Research		Fees due
City/State/ZIP: Orem, UT 84097		Amount r
City/State/ZIP: Orem, UT 84097	Way	Amount r
City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 CCB lic.: 210112	Fax:	Amount r
City/State/ZIP: Orem, UT 84097 Phone: 385-482-0045 CCB lic.: 210112	Fax:	Amount Date rec

	Payment Type: (15)
REQUIRED DAT	A: 1- AND 2-FAMILY DWELLING
Permit fees* are based of	on the value of the work performed. Ided to the nearest dollar) of all equipment, and the profit for the work indicated on
Valuation 25,657.	93
Number, of bedroom	s;
Number of bathroom	s:
Total number of floor	s:
New dwelling area:	square feet
Garage/carport area	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area	
The fact that the second of th	A: COMMERCIAL-USE CHECKLIST
Indicate the value frour	on the value of the work performed. Inded to the nearest dollar) of all equipment, Inded to the profit for the work indicated on
Valuation	
Existing building are	a: square feet
New building area:	square feet
Number of stories:	
Type of construction	h:
Occupancy groups:	
Existing:	
New:	
	NOTICE
the Oregon Construction	ocontractors are required to be licensed with on Contractors Board under ORS 701 and licensed in the jurisdiction in which work is applicant is exempt from licensing, the y:
BU	ILDING PERMIT FEES*
Ple	ease refer to fee schedule
Fees due upon applic	ation \$1,101-02
Amount received	
Date received:	

permit application expires if a permit is not obtained iin 180 days after it has been accepted as complete

Fee methodology_set by Tri-County Building Industry Service Board

Form B70-1001

06/12/2019

Beaverton

Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Date Received:

Date Issued:

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.get

		OFFI	CE USE ONLY	
	<i>t</i>	ı	Permit No.: B2019-2651	
0	19	2019	an	
x	+ -		Payment Type:	

TYPE	☐ Demolition
□ New construction	Other:
☑ Addition/alteration/replacement	OF CONSTRUCTION
1- and 2-family dwelling	Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	☑ Other:Awning
	MATION AND LOCATION
Job site address: 15900 SW Towhee Li	N .
city/State/ZIP:Beaverton, OR 97007	
Suite/bldg./apt. no,:	Project name:Nash
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	PTION OF WORK
Building an 18'x 18' awning attached to	
Building an 18'x 18' awning attached to see the second sec	o house
□ PROPERTY OWNER	
PROPERTY OWNER Name:	
□ PROPERTY OWNER Name: Address:	
PROPERTY OWNER Name: Address: City/State/ZIP:	☐ TENANT
☐ PROPERTY OWNER Name: Address: City/State/ZiP: Phone:	□ TENANT
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail:	Fax: ☐ TENANT CONTACT: PERSON
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT	☐ TENANT Fax: ☐ CONTACT PERSON
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Oasis Outdoor Living,	Fax: ☐ TENANT CONTACT: PERSON
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name: Oasis Outdoor Living, Contact name: Noah Davis	☐ TENANT Fax: ☐ CONTACT PERSON
PROPERTY OWNER Name: Address: City/State/ZIP: Phone: E-mail: APPLICANT Business name: Oasis Outdoor Living, Contact name: Noah Davis Address: 8536 SW ST Helens Dr	☐ TENANT Fax: ☐ CONTACT PERSON
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name:Oasis Outdoor Living, Contact name:Noah Davis Address:8536 SW ST Helens Dr City/State/ZIP:Wilsonville, OR 97070	Fax: CONTACT PERSON LLC
Name: Address: City/State/ZIP: Phone: E-mail: ☑ APPLICANT Business name:Oasis Outdoor Living, Contact name:Noah Davis Address:8536 SW ST Helens Dr City/State/ZIP:Wilsonville, OR 97070 Phone:360-991-2497 E-mail:noahdavis562@gmail.com	Fax: CONTACT PERSON LLC
Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name:Oasis Outdoor Living, Contact name:Noah Davis Address:8536 SW ST Helens Dr City/State/ZIP:Wilsonville, OR 97070 Phone:360-991-2497 E-mail:noahdavis562@gmail.com	Fax: Fax: Fax: Fax: Fax
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name: Oasis Outdoor Living, Contact name: Noah Davis Address: 8536 SW ST Helens Dr City/State/ZIP: Wilsonville, OR 97070 Phone: 360-991-2497 E-mail: noahdavis562@gmail.com	Fax: Fax: F
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name: Oasis Outdoor Living, Contact name: Noah Davis Address: 8536 SW ST Helens Dr City/State/ZIP: Wilsonville, OR 97070 Phone: 360-991-2497 E-mail: noahdavis562@gmail.com CON Business name: Oasis Outdoor Living,	Fax: Fax: Fax: Fax: Fax
PROPERTY OWNER Name: Address: City/State/ZiP: Phone: E-mail: ☑ APPLICANT Business name: Oasis Outdoor Living, Contact name: Noah Davis Address: 8536 SW ST Helens Dr City/State/ZiP: Wilsonville, OR 97070 Phone: 360-991-2497 E-mail: noahdavis562@gmail.com con Business name: Oasis Outdoor Living, Address: 8536 SW ST Helens Dr	Fax: Fax: F

Date:

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application.	e of the work performed.
Valuation	\$45,000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	squaré feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the rmaterials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE Please refer to	
Fees due upon application	\$1,349.97
Amount received	
Date received:	Lawrence Louisian Louisia Louisia Louisia Louisia Louisia

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL

Approved



SEE I:/BLDG DIV WG-8... Application

City of Beaverton
PO Box 4755, Beaverton, OR 97076
Phone (503) 526-2403; Fax: (503) 526-2550
Internet address: www.cl beaverton or up

OFFICE L	JSE ONLY
Date Receive(06/03/2010	Permit No.: B2019-2354
Date Issued:	By: CleU
077/07	Payment Type:
1&2 ramily smheBEAVERTON	Complex:

internet address: www	.ci.beaverton.or.us	1&2 lamily:	'Sime	PIEDEANER ION C	omplex:	
TVDE O	F WORK	Ud	ILDI I L	NG WINDOWATA:	1- AND 2-FAMILY	DWELLING
New construction	T			Permit fees* are based or Indicate the value (round		
	Demolition	***************************************	(equipment, materials, lat	or, overhead, and the	
Addition/alteration/replacement	Other:		1 🗆	work indicated on this ap	oplication.	
CATEGORY OF	1		-	Valuation	·····	
1- and 2-family dwelling	Commercial/industrial			Number. of bedrooms	* *	
Accessory building	☐ Multi-family			Number of bathrooms		
Muster builder	Other:			Total number of floors	5:	
JOB SITE INFORMAT	ION AND LOCATION	*		New dwelling area:	square fee	al
	allbrock PL			Garage/carport area:	square fee	et
City/State/ZIP: Beowerton a	OR 97008			Covered porch area:	square fee	et .
Suite/bldg./apt. no.;	Project name: CATFISh	Lou		Deck area:	square fee	et .
Cross street/directions to job site:		·		Other structure area:	square fee	et .
				REQUIRED DATA: CO	OMMERCIAL-USE	CHECKLIST
]	Permit fees* are based of Indicate the value (round equipment, materials, lab	led to the nearest do oor, overhead, and th	llar) of all
Subdivision:	Lot no.:			work indicated on this ap Valuation 29/1/	phication.	<u> </u>
Tax map/parcel no.:			-	Existing building area	: square fee	<u> </u>
DESCRIPTION			i H	New building area:	square fee	···
Install Fire Syste	um W.Cooking	Hood	i H	Number of stories:	squate ice	<u> </u>
PyroChem UZ-30	NO U		ı H		***************************************	William
				Type of construction:		
				Occupancy groups:		
PROPERTY OWNER	>■ TENANT		. -	Existing:	· · · · · · · · · · · · · · · · · · ·	
Name: MIKE				New:		
Address:			,	A 11	NOTICE	
City/State/ZIP:				All contractors and subco licensed with the Oregon	miraciors are requir Construction Contr	ed to be factors Board
Phone: (503) 866 6844	Fax: ()		t	inder ORS 701 and may	be required to be lie	censed in the
☐ APPLICANT	CONTACT PERSON	ı	Į Į	urisdiction in which wor applicant is exempt from	k is being performe licensing, the follo	d. If the wing reasons
Business name: ABY FIRE EXT	ingusher			ipply:		
Contact name: Book (1)	P G COVIE		<u> </u>			
Address: 4848 NE 1020d A	VE		<u> </u>			****
City/State/ZIP: Port and OR	97220		-	***************************************	G PERMIT FEES	1
Phone: (503) 772 1643	Fax::()		_		efer to fee schedule	
E-mail: 6-FICE PABOFIREX.			. F	ees due upon application	n	
CONTRAC				Amount received		
			L	Date received:		
ABC Fire EXTINGUIS	sner, mo.					
<u> </u>	/e.			This permit a	pplication expir	es eo J
POMBIO, OTTOTAL				if a permit is not of after it has been		
Phone: 503 4843388	Fax: ()	1		IT IIIO DOUL	Proc as con	Fice

* Fee methodology set by Tri-County Building Industry Service Board

CCB lic.:

REV 2/14

Form B70-1001

Building Permit Application

Commu	nity Development Department	KECENACE	
	Building Division	OFFICE USE ONLY	
10708.50	Millikan May / PO Box 4755	Date Received: 05/08/2019 Permit No.: B2019-1914	
ELECTRONIC SUBM	(503) 526-2550	Date Issued: / LA COA PA	
SEET:/BLDG DIV WO	(503) 526-2222	CITY OF BEAVE THE Polyment Type:	
OLL 1.7 BLDO DIV 110	ertonOregon.gov	BUILDING DAYERION	
TYPE OF	WORK	BUILDING BUILDING . 1- AND 2-FAMILY DWELLING .	_
☐ New construction	☐ Demolition	Permit (ses' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment	l,
Addition/elteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated of this application.	1
CATEGORY OF	CONSTRUCTION	Valuation 13,470,00	
1 and 2-family dwelling	☐ Commercial/Industrial	Number of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE INFORMATI	on and location	New dwolling area; square feet	
Job site address: /1083 S.W. CELES	STE LN.	Garage/carport area; square feet	
City/State/ZIP: BEAVERTON , OR		Covered porch area: square foot	
Suite/bidg./apt. no.:	Project name:	Dack area: square feet	
Cross street/directions to job site: とよりタス H	ILLS BLVD. E	Other structure area: 1010/16/45 square feet / D 3	-
CELESTE	LN.	REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
	Lot no.: 157	Court forst our based on the value of the work performed.	
Subdivision: PETERKORT VILLAGE	Lot no.: 157 R210304	indicate the value (rounded to the nearest dollar) of all equipmen	i n
Tex map/parcol no.: /5/03AA /5900 DESCRIPTION	or work	this application.	~~w
REPLACING STAIRS & HAND ACITY OF BEAVERTON MA THIS JOB IS BEING A	DAIL THAT LOVER	Valuation	
REPLACING STAIRS & MAND	N HOLE -	Existing building area: square feet	
THE TOR IS BEING A	LEQUESTED BY	New building area: square feet	
STEVE CURTIS-971-24	46. 0215-C.D.B.	Number of stories:	
PROPERTY OWNER	☐ TENANT	. Type of construction:	
Name:		Occupancy groups:	
Address:		Existing:	
Clly/State/ZIP:		Nevc	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be licensed w	th
APPLICANT .	CONTACT PERSO	the Oregon Construction Contractors Board under CHS 701 and	
Business name: DICK'S EVERGRES	N FENCE & BECK	being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: DILK BOYLE		TOTATING AND	
Address: 4815 5.E. T.V. 1	twy.		
City/State/ZIP: HILLS BORO, OR.	9712-3		
Phone: 503 -640-7700	Fax: 503-640-0466		
E-mail: DICKS EVERGREEN @	G-MAIL. COM	BUILDING PERMIT FEES*	
CONTRA	CTOR		
Business name: 59ME AS APPL	ICANT	Please refer to fee schedule	
Address:		Fees due upon application \$220.72	
City/State/ZiP:		Amount received	
Phone:	Fax:	Dale received:	
CCB IIc: 10 8350	- Address	This permit application expires if a permit is not obtained	1
Authorized signature:		within 180 days after it has been accepted as complete Fee methodology set by Tri-County Building	
Print nome: DILK BOYLE	Date: 5-6-2	019 Industry Service Board	

ELECTRONIC SUBMITTAL Prmit Application SEE I:/BLDG DIV WG-8...

evelopment Department **Building Division**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

DECENTE	
OFFICE	JSE ONLY
Date Receive 06/04/2019	Permit No.:B2019-2390
Date Issued: (p. 19.19)	By: CLEUI
CITY OF BEAVERTON	Payment Type:
D	

	BeavertonOregon.g@ Bl	
TYPE C	DF WORK	
☐ New construction	☐ Demolition	
☐ Addition/alteration/replacement	☐ Other:	
CATEGORY OF	CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE INFORMA	TION AND LOCATION	
Job site address: 9100 SW Gemini Drive		
city/State/ZIP: Beaverton OR 97008		
Suite/bldg./apt. no.:	Project name: Cascade Microtech	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESCRIPTIO	N OF WORK	
☐ PROPERTY OWNER	☑ TENANT	
Name: Form Factor Inc.		
Address: 9100 SW Gemini Drive		
City/State/ZIP: Beaverton OR 97008		
Phone: (503) 601-1000	Fax:	
E-mall:		
☑ APPLICANT	☐ CONTACT PERSON	
Business name: McKinstry Co.		
Contact name: Alex Forker		
Address: 16790 N.E. Mason St Suite 10	10	
City/State/ZIP: Portland, OR 97230		
Phone: (971) 420-7550	Fax:	
E-mail: AlexF@mckinstry.com		
CONTRA	CTOR	
Business name: McKinstry Co.		
Address: 16790 N.E. Mason St Suite 10	0	
City/State/ZIP: Portland, OR 97230		
Phone: (971) 420-7550	Fax:	
CCB IIc.: 172811 //	<u> </u>	
Authorized signature:		
Print name:	Date:	

Alex Forker

OF BEAVERTON Payment Type:
UING-DIMEION
REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
this application. Valuation
Number. of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feel
Deck area: square feet
Other structure area: square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation \$2,900
Existing building area: square feet
New building area; square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:
NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:
BUILDING PERMIT FEES*
Please refer to fee schedule
Fees due upon application
Amount received

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

06/03/19

ELECTRONIC SUBMITTIA Pevelopment Department **Building Division** SEE I:/BLDG DIVIVES 18/11likan Way / PO Box 4755 Beaverton, OR 97076

Beaverton

Authorized signature:

Print name:

Gordon Dickey

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received:	05/21/2019	Permit No.: B2019-2167	
Date Issued:	6-19-19	By: M	
CIT	OF BEAVERTO	Payment Type: V156	

BeavertonOregon.g@g TYPE OF WORK ☐ New construction □ Demolition Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION □ Commercial/industrial ☐ 1- and 2-family dwelling ☐ Multi-family ☐ Accessory building ☐ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 10865 SW Falcon Ct City/State/ZIP: Beaverton, OR 97007 Project name: Falcon Deck Suite/bldg./apt. no.: Cross street/directions to job site: Cross Street SW 155th Ave Lot no.: 10865 Subdivision: Murray Hill Tax map/parcel no.: 10865 DESCRIPTION OF WORK Replacement of a back deck. ☐ TENANT PROPERTY OWNER Name: Chris Goetz Address: 10865 SW Falcon Ct City/State/ZIP:Beaverton, OR 97007 Phone: 971-244-4009 E-mail: ☑ APPLICANT ☑ CONTACT PERSON Business name: Venture Construction and Remodeling LLC Contact name: Gordon Dickey Address: 22504 SW Riggs Rd City/State/ZIP: Beaverton, OR 97078 Phone: 503-516-1439 Fax: E-mail: Gordondickey@hotmail.com CONTRACTOR Business name: Venture Construction and Remodeling LLC Address: 22504 SW Riggs Rd City/State/ZIP: Beaverton, OR 97078 Phone: 503-516-1439 Fax: CCB lic.: 177699

Date:

5/15/19

BUILDING DIVISIONA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$20,000 Valuation Number, of bedrooms: 3.5 Number of bathrooms: Total number of floors: square feet New dwelling area: Garage/carport area: square feet Covered porch area: square feet square feet 600 Deck area: Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Existing building area: square feet square feet New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES*** Please refer to fee schedule \$290.98 Fees due upon application Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Jeffrey Lee

Authorized signature:

Print name:

Jeff Lee

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

OFFICE	E USE ONLY
Date Received 1 14 6	Permit No. 1320 19 25 70
Date Issued:	By: COLO
	Payment Type:

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

O R E G O N	General Information (503) 526-2222 BeavertonOregon.gov	Payment Type:
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction ☐ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other: Solar PV System	materials, labor, overhead, and the profit for the work indicated on this application.
	EGORY OF CONSTRUCTION	Valuation 17,192.93
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
	E INFORMATION AND LOCATION	
Job site address: 7017 SW Hammond	Terr. Beaverton, Oregon, 97007	
City/State/ZIP:		Garage/carport area: square feet
Suite/bldg./apt. no.:	Project name:	Covered porch area: square feet
Cross street/directions to job site:		Deck area: square feet
Of OSS different Control to Job St.		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
	DESCRIPTION OF WORK	Valuation
Residential Rooftop Solar P	PV System 9.3 kW	Existing building area: square feet
		New building area: square feet
		Number of stories:
PROPERTY OWNER	□ TENANT	Type of construction:
Name: Jeaowan Jung		Occupancy groups:
	nd Terr, Beaverton, Oregon, 97007	
City/State/ZIP:	10 1011, 200, 01, 01, 01, 01, 01, 01, 01, 01, 01,	Existing:
Phone: 5033801881	Fax:	New:
E-mail:		NOTICE
APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
Business name: Blue Raven So	lar II C	may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: Lesly Bee		following reasons apply:
Address: 1220 S 630 E STE	430	
City/State/ZIP: American Fork,		
Phone: 385-482-0045	Fax:	
	nt@blueravensolar.com	
	CONTRACTOR	BUILDING PERMIT FEES*
Business name: Blue Raven Solar LLC		Please refer to fee schedule
Address: 1220 S 630 E STE		Fees due upon application
City/State/ZIP: American Fork,		Amount received
Phone: 385-482-0045	Fax:	Date received:
CCB lic.: 210112		This permit application expires if a permit is not obtained

05/15/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMIT Permit Application SEE 1:/BLDG DIV W.G. Division Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 Approved

OFFICE USE ONLY Date Recei Date Issued:

l'(Beaverton Phone:	(503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov		
7	TYPE OF WORK		
☐ New construction	☐ Demolition		
☑ Addition/alteration/replacement	☐ Other:		
CATEGOR	RY OF CONSTRUCTION		
☐ 1- and 2-family dwelling	☐ Commercial/industrial		
☐ Accessory building	☑ Multi-family		
☐ Master builder	☐ Other:		
JOB SITE INF	ORMATION AND LOCATION		
Job site address:6008 SW Valley Av	entre in the control of the control		
City/State/ZIP:Beaverton OR			
Suite/bldg./apt. no.:	Project name: Le Heiu Apartment		
Cross street/directions to job site:			
Subdivision:	Lot no.:		
Tax map/parcel no.:			
PROPERTY OWNER	☐ TENANT		
Name:			
Address:			
City/State/ZIP;			
Phone:	Fax:		
E-mail:			
☑ APPLICANT	☐ CONTACT PERSON		
Business name: Same as below	- C-14416		
Contact name:			
Address:			
City/State/ZIP:	,		
Phone:	Fax:		
E-mail: Info@ Spnnkl+:	FAC . COM ntractor		
Business name:SprinkIt Fire Protection	on, Inc.		
Address:PO Box 2227			
City/State/ZIP:Oregon City, OR 9704	5		
Phone: (503) 272-6650	Fax:		
CCB lic.:211320			
Authorized signature:			
Print name:	Date:		

6/03/2019	Permit No.: B2019-2279	
01712011	Formant Tunn	
OF BEAVERTON PING DIVISION	Payment Type:	*****
RECURED DAT	FA: 1- AND 2-FAMILY DWELLING	
Indicate the value (round	on the value of the work performed. ded to the nearest dollar) of all equipmad, ad, and the profit for the work indicated	ent, I on
Valuation		
Number, of bedrooms):	
Number of bathrooms		
Total number of floors):	
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
Control of the Contro	: COMMERCIAL-USE CHECKLIST	
Indicate the value (rounds	n the value of the work performed. ed to the nearest dollar) of all equipme d, and the profit for the work indicated	ent, on
Valuation	, \$25,5	584
Existing building area: square feet		
New building area: square feet		
Number of stories: 2		
Type of construction:	remo	del
Occupancy groups:		
Existing:		
New:		
	NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
	ING PERMIT FEES*	
	refer to fee schedule	
Fees due upon application	1	
Amount received		- [
Amount received		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

mit Application ELECTRONIC SUBMITTA

Building Division
Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 **Beaverton**

signature:

Print name: Sander Kohler

General Information (503) 526-2222

Date Received: 02/1,5/2019

Permit No.: B2019-0655

Date Issued:

Payment Type:

OFFICE USE ONLY

•	BeavertonOregon.gc	BI	III DINO DI COLO		
ת	PE OF WORK		Permit fees' are based on the val	D 2-FAMILY DWELLIN	1G
☐ New construction ☐ Demolition ☐ Indicate the value (rounded to t					
			materials, labor, overhead, and the profit for the work indicate		icated on
CATEGOR	Y OF CONSTRUCTION		Valuation		******
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:		
☐ Accessory building	[] Multi-femily		Number of bathrooms:		M-1-
☐ Master builder	☐ Other:	-	Total number of floors:		
JOB SITE INFO	DRMATION AND LOCATION		New dwelling area:	square feet	**
Job site address: 4575 SW 99th Ave.	9945 SW Beaverton-Hillsdo	letwy	Garage/carport area:	square feet	<u>*************************************</u>
City/State/ZIP: Beaverton, OR 97005	5		Covered porch area:	square feet	
Suite/bldg./apt. no.:	Project name: Higher Ground	Mar.		square feet	
Cross street/directions to job site: SW 99th	n Ave. & Beaverton-Hillsdale Highwa	ay	Deck area:		
			Other structure area:	square feet	
Subdivision:	Lot no.: 5200		REQUIRED DATA: COMMI Permit fees* are based on the value		
	200109200		Indicate the value (rounded to the materials, labor, overhead, and th	nearest dollar) of all ed	quipment,
Tax map/parcel no.: 1S114BA	RIPTION OF WORK		this application.	- Profit for the work inc	loated on
entre til		120,000,000,000	Valuation	Ę	590,000
	existing restaurant space, including artition walls to create new classroo	ms	Existing building area:	square feet	6,032
	nclude revisions to existing parking l		New building area:	square feet	6,032
new playgrounds, and new lands	scaping.		Number of stories:		1
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		V-B
Name: Quattro Development, LLC			Occupancy groups:		
Address: 110 Jorie Boulevard, Suit	e 140		Existing:		A-2
City/State/ZIP: Oak Brook, IL 60523			New:		E
Phone: (630) 870-1921	Fax:		NOT	ICE	
E-mail: brett@quattrodevelopment	.com	anna an an an air air air	All contractors and subcontractors	are required to be lice	nsed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is		701 and
Business name: CIDA, Inc.			being performed. If the applicant is following reasons apply:		
Contact name: Sander Kohler	4000		tostoward reduction depty.		
Address: 15895 SW 72nd Ave. Sui	te 200				
City/State/ZIP: Portland, OR 97224			•		
Phone: (503) 226-1285	Fax:		•		
E-mail: sanderk@cidainc.com		*** *** *** ***			
CC	NTRACTOR		BUILDING PE		
Business name: Joseph Hughes Con			Please refer to		
Address: 11125 SW Barbur Blvd.			Fees due upon application	\$5,032.7	/9
City/State/ZIP: Portland, OR 97219			Amount received -		
Phone: (503) 624-7100	Fax:		Date received:		
CCB lic.: 158061			This permit application expir	es if a permit is not of	btained
Authorized / / /			within 180 days after it has		

Date: 2/14/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

11055 SW DON'ES



Print name:

JOE PRICE

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY			
Date Received:	Permit No.: 820101 - 35559		
Date Issued:	By: CAU		
	Payment Type:		

OREGON Gellel	BeavertonOregon.gov	Payment Type.
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
	Demolition	Permit fees* are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equipment,
New construction	Other:	materials, labor, overhead, and the profit for the work indicated on
Addition/alteration/replacement	DRY OF CONSTRUCTION	this application.
	Commercial/industrial	,
1- and 2-family dwelling		Number, of bedrooms:
☐ Accessory building	☑ Multi-family	Number of bathrooms:
Master builder	Other:	Total number of floors:
and the property of the proper	FORMATION AND LOCATION	New dwelling area: square feet
Job site address: 11255 SW DAVIE		Garage/carport area: square feet
City/State/ZIP: BEAVERTON OR 9	7007	Covered porch area: square feet
Suite/bldg./apt. no.: 10	Project name:	Deck area: square feet
Cross street/directions to job site: SCHO	LLS FERRY AND DAVIES	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
	Lot no.;	Permit fees* are based on the value of the work performed.
Subdivision:	LOT 10.7	Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or
Tax map/parcel no.:	CRIPTION OF WORK	this application.
		Valuation \$2855.0
REPLACE FIRE ALARM PANE	EL .	Existing building area: square feet
		New building area: square feet
i.		Number of stories:
	☐ TENANT	Type of construction: REPLACEMEN
Name: SOFI AT MURRAYHILL		Occupancy groups:
Address: 11103 SW DAVIES RO	AD	Existing:
City/State/ZIP: BEAVERTON OR 9		New:
Phone: (503) 862-7070	Fax:	NOTICE
E-mail: SOFIMURRAYHILLMGR	@PINNACLELIVING.COM	All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and
Business name: UNITED FIRE		being performed. If the applicant is exempt from licensing, the
Contact name: JOE PRICE		following reasons apply:
Address: 4611 NE MLK JR BLV)	
City/State/ZIP: PORTLAND OR 97		
Phone: (503) 249-0771	Fax: (503) 249-0572	
E-mail: JOE@UNITEDFIREPDX	(.COM	
The state of the s	CONTRACTOR	BUILDING PERMIT FEES*
Business name: UNITED FIRE		Please refer to fee schedule
Address: 4611 NE MLK JR BLV)	Fees due upon application
City/State/ZIP: PORTLAND OR 97		Amount received
	Fax: (503) 249-0572	Date received:
Phone: (503) 249-0771	1(000) - 10001	
CCB lic.: 65290		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Authorized signature:		* Fac mathadology set by Tri-County Building

06/10/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY	
Date Received: (0-13-19	Permit No.:	M-9558
Date Issued: (0-13-19)	By: CLEU	1
	Payment Type:	Neck_

,	BeavertonÓregon.gov	
	TYPE OF WORK	REQUIRED DATA
☐ New construction	☐ Demolition	Permit fees* are based on Indicate the value (rounde
Addition/alteration/replacement	☐ Other:	materials, labor, overhead this application.
and the second	RY OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE IN	FORMATION AND LOCATION	New dwelling area:
Job site address: ISOO NW IS	BETHANY BLUD	Garage/carport area:
City/State/ZIP: BEAUERON		
Suite/bldg./apt. no.:	Project name:	Covered porch area:
Cross street/directions to job site:		Deck area:
		Other structure area:
0.4.2.2	Let no 4	REQUIRED DATA:
Subdivision: Tax map/parcel no.:	Lot no.:	Permit fees* are based or indicate the value (rounder materials, labor, overhead this application.
DESC	CRIPTION OF WORK	Valuation 3,80
ADD 4 STROBES	DOND I HOREN STRUBE	Existing building area:
	IN NEW OFFICE	New building area:
	7, 102	Number of stories:
PROPERTY OWNER	☐ TENANT	
	THE STATE OF THE S	Type of construction:
Name: JONES LANG Address:	1 145000	Occupancy groups:
City/State/ZIP:		Existing:
Phone:	Fax:	New:
E-mail:	r un.	
C-ITAII. ☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcor the Oregon Construction (
		may be required to be lice being performed. If the ap
Business name: Contact name:		following reasons apply:
Address:		
	· · · · · · · · · · · · · · · · · · ·	
City/State/ZiP:	Fax:	
Phone:	rax.	
E-mail:		BUILD
	ONTRACTOR	Please
Business name: 1-186.54516	EMS WEST	Fees due upon application
Address: 600 SE MARI	Trus G AVG	
City/State/ZIP: UNNCOUVER	2, WB-, 9866/	Amount received
Phone: 366-763 - 9706	Fax:	Date received:
CCB lic.: 49732		This permit applicatio
Authorized signature:	5	within 180 days after
Print name:	Date: 6/13/19	* Fee methodology se

	Payment Type: U	16CK
REQUIRED DAT	A: 1- AND 2-FAMILY D	WELLING
Permit fees* are based of indicate the value (round materials, labor, overheathis application.	n the value of the work ed to the nearest dollar	performed.) of all equipment,
Valuation		
Number, of bedrooms		
Number of bathrooms		
Total number of floors		
New dwelling area:	squa	re feet
Garage/carport area:	squa	re feet
Covered porch area:	squa	re feet
Deck area:	squa	re feet
Other structure area:	squa	re feet
REQUIRED DATA	COMMERCIAL-USE	CHECKLIST
Permit fees* are based of Indicate the value (round materials, labor, overheat this application.	ed to the nearest dollar)) of all equipment,
Valuation 3,8	0,00	
Existing building area	squa	re feet
New building area:	squa	re feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
	NOTICE	
All contractors and subco the Oregon Construction may be required to be lic being performed. If the a following reasons apply:	Contractors Board unde ensed in the jurisdiction	er ORS 701 and in which work is
et ing a magazin and allot man a samalahina	DING PERMIT FEES* Orefer to fee schedule	
Amount received		

on expires if a permit is not obtained r it has been accepted as complete

et by Tri-County Building

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received:	Permit No.: 13000 - 3572	
Date Issued:	By: CLEUU	
	Payment Type:	

OREGON G	ieneral Information Beave	(503) 526-2222 ertonOregon.gov		Payment	Type:
TAL	E OF WORK			REQUIRED DATA: 1- AND	2-FAMILY DWELLING
☐ New construction	☐ Demolition			Permit fees* are based on the value	of the work performed.
☑ Addition/alteration/replacement	Other:			Indicate the value (rounded to the n materials, labor, overhead, and the	profit for the work indicated on
	OF CONSTRUCTION	I		this application. Valuation	
1- and 2-family dwelling	Commercial	/industrial		Number, of bedrooms:	
☐ Accessory building	✓ / Multi-family			Number of bathrooms:	
☐ Master builder	☑ Other: Roo	ofina			
	RMATION AND LOCA			Total number of floors:	
Job site address: 12350 SW 5th St				New dwelling area:	square feet
City/State/ZIP: Beaverton, OR 97005				Garage/carport area:	square feet
Suite/bldg./apt. no.:		Community Cen	nter	Covered porch area:	square feet
Cross street/directions to job site: Cross st				Deck area:	square feet
Gloss successive to less area. Ologo del	000010000000000000000000000000000000000	CC OTT TOOKOT 7		Other structure area:	square feet
				REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:			Permit fees* are based on the value indicate the value (rounded to the n	e of the work performed.
Tax map/parcel no.:				materials, labor, overhead, and the	profit for the work indicated on
DESCR	PTION OF WORK			this application. Valuation	\$21,033
Tear off existing roofing on 2 Roo	f decks and insta	all new Roofing		Existing building area:	square feet
•				New building area:	square feet
				Number of stories:	
		☐ TENANT			
Name: City of Beaverton				Type of construction:	
Address: 12350 SW 5th St				Occupancy groups;	
City/State/ZIP:Beaverton, OR 97005				Existing:	
Phone:	Fax:			New:	
E-mail:	T GA			NOTIC	
APPLICANT	n e	CONTACT PERSON	1	All contractors and subcontractors the Oregon Construction Contracto	are required to be licensed with
				may be required to be licensed in the being performed. If the applicant is	ne jurisdiction in which work is
Business name: Contact name:				following reasons apply:	exempt from flootiesing, the
Address:					
City/State/ZiP:	Four				
Phone:	Fax:				
E-mail:				BUILDING PER	RMIT FEES'
	TRACTOR		500000000000000000000000000000000000000	Please refer to i	
Business name: Fisher Roofing		ŧ.		Fees due upon application	
Address: 13580 SW Galbreath Dr					
City/State/ZIP: Sherwood, OR 97140				Amount received	
Phone: (503) 227-7663	Fax:			Date received:	
CCB (ic.: 45970	middle and b			This permit application expire within 180 days after it has b	
Authorized signature:				•	•
Print name:		Date:		 Fee methodology set by Tri- Industry Service Board 	County Building

Fee methodology set by Tri-County Industry Service Board

Form B70-1001



Print name:

Saac

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE I	JSE ONLY
Date Received: O. L.	Permit No.: 82019-2568
Date Issued: (a 14.19	By: CIEUU
	Payment Type:

, , , , , , , , , , , , , , , , , , , ,	BeavertonOregon.gov	Payment Type.	
T	YPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
☐ New construction	Demolition	Permit fees* are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equip	
	Other:	materials, labor, overhead, and the profit for the work indica this application.	ted on
CATEGOR	RY OF CONSTRUCTION	Valuation	
☐ 1- and 2-family dwelling	☑-Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:	Total number of floors:	
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet	
Job site address: 15021 Su	1 Milykan Wdy	- Garage/carport area: square feet	
City/State/ZIP: Beaverton	O P	Covered porch area: square feet	
Suite/bldg./apt. no.:	Project name:	Deck area: square feet	
Cross street/directions to job site:		Other structure area: square feet	
Morray		REQUIRED DATA: COMMERCIAL-USE CHECKLIS	T
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.	
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipmaterials, labor, overhead, and the profit for the work indication.	
	RIPTION OF WORK	h	
	al Shahe in Room	Existing building area: square feet	
ADD Smoke ar	nd Shobe in Room	New building area: square feet	
	108	Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:		Occupancy groups:	1
Address:		Existing:	
City/State/ZIP:		New:	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be license	
□ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 may be required to be licensed in the jurisdiction in which w	ork is
Business name: Morrisov		being performed. If the applicant is exempt from licensing, the following reasons apply:	ne
	1015		
Address:		-	
City/State/ZIP: JUA (a fin		-	
Phone: 971 341 049 (Fax:	-	
E-mail:	ONTRACTOR	BUILDING PERMIT FEES*	
	UNITACION	Please refer to fee schedule	
Business name: Address:		Fees due upon application	
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.: 19997			
Authorized		This permit application expires if a permit is not obta within 180 days after it has been accepted as compl	
Authorized		•	

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE (JSE ONLY
Date Received (2)	Permit No.: 180019-2510-
Date Issued: 6 (3) 9	By: CLEAN
	Payment Type: V

NO REGON	BeavertonOregon.gov	Payment	Type: V
	TYPE OF WORK	REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Thtew countries	Demolition	Permit fees* are based on the value	
New construction Addition/alteration/replacement	Other:	Indicate the value (rounded to the r materials, labor, overhead, and the	profit for the work indicated on
	ORY OF CONSTRUCTION	this application. Valuation	And Printer and Andrews
	Commercial/industrial		
1- and 2-family dwelling	☐ Multi-family	Number, of bedrooms:	
Accessory building	Other:	Number of bathrooms:	
Master builder	NFORMATION AND LOCATION	Total number of floors:	
		New dwelling area:	square feet
	o Taylor	Garage/carport area:	square feet
City/State/ZIP:	Positotanama	Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name:	Deck area:	square feet
Cross street/directions to job site:	no le romune	Other structure area:	square feet
Sw valeria view	UK JOW THUWIN	REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value	of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the r materials, labor, overhead, and the	profit for the work indicated on
DES	SCRIPTION OF WORK	this application.	
0 - 5-0 / 50	11-	Valuation \$ 5546.50	aguero foot
RE-POOF BLD 513	/553/521	Existing building area:	square feet
•	,	New building area:	square feet
		Number of stories:	
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
	RESIDENTIAL LUC	Occupancy groups:	
Address: 9755 SW B	ARNES RO #690	Existing:	
City/State/ZIP: PORTUA NO	er 97225	New:	
Phone:	Fax:	NOTIC	Œ
E-mail:		All contractors and subcontractors	are required to be licensed with
APPLICANT	CONTACT PERSON	the Oregon Construction Contracto may be required to be licensed in the	ne jurisdiction in which work is
Business name: FASTER F	Epm 173	being performed. If the applicant is following reasons apply:	exempt from licensing, the
Contact name: 2AZ HON-	FON		
Address: 2000 800 /5	r Ave		
City/State/ZIP: PCRTCANT	0297281		
Phone: 503 438 9654	Fax:		
E-mail: ZACOFASTE	PEAN 175. DEM		
	CONTRACTOR	BUILDING PER	
Business name: Exerunive	COATING & CONTRACTING	Please refer to	fee schedule
	ORGANIES RD, SUITE 703	Fees due upon application	
	o vicesoe co son	Amount received	
Phone: 503 327 312	,	Date received:	
CCB lic.: 193465		This permit application expire	s if a permit is not obtained
Authorized		within 180 days after it has b	een accepted as complete
signature:			

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 D

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFIC	E USE ONLY
Date Received:	Permit No.:1820 PT- 2505
Date Issued:	By: CEUU
UNDI	Payment Type: CAR

New construction	·	BeavertonOregon.gov L		<u> </u>
□ New construction □ CATEGORY OF CONSTRUCTION □ 1- sod 2-family dwelling □		TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
EPAddition/instruction/replacement □ Ohnor:	☐ New construction	☐ Demolition		oment.
CATEGORY OF CONSTRUCTION Voluntion Characteristic Conservation Characteristic Conservation Characteristic Cha	Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indica	
□ Accessory building □ Master buildor □ Other: JOB SITE INFORMATION AND LOCATION Job also addrows: /Oyco BW TANLOR ChylState ZIP: Studebidg furth no: Project name: ChylState ZIP: Studebidg furth no: Studebidg furth no: Description of WORK PL POPERTY OWNER □ PROPERTY OWNER □ Database are to be add on the voice performed in the principle on in winth week in the property of the profession in winth week in the property of the property owner owner owner owner in the principle on in winth week in the property owner owner in the principle on in winth week in the property owner owner owner in the principle on in winth week in the property owner owne	CATEGO	DRY OF CONSTRUCTION	3000	
Char Job site address: O Good State NOORMATION AND LOCATION	1- and 2-family dwelling	El Commercial/industrial	Number. of bedrooms:	
Design address: Dispersion	☐ Accessory building	☐ Multi-family	Number of bathrooms:	·····
JOB SITE INFORMATION AND LOCATION Job site address: JO GOD SIX TAYLOR. Guillostate Zir. Jes Guillostate Zir	☐ Master builder	☐ Other:		
Contract reason among Face Face Contract person Face Contract reason apply Face Contract reason Contract reason apply Face Contract reason Co	JOB SITE IN	FORMATION AND LOCATION		
Chystate/ZIP: Suilahd/dip.run no: Project name: Cross street/directions to job silce: Suilahd/dip.run no:	Job site address: 10 lacoto 50	> TAYLOR		
Deck area: aquare feet				
Cross stretutinections to job site: SUBSINGERY AND OR SWORK DESCRIPTION OF WORK REQUERD DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed, indicate the value of the value of the work performed. Notice of the performed in	Suite/bldg./apt. no.:	Project name:		
REQUIRED DATA: COMMERCIAL-USE CHECKLIST Subdivision: Lot no: DESCRIPTION OF WORK REPURED ATA: COMMERCIAL-USE CHECKLIST Permit feet are based on the value of the work performed, indicate the consets delain of all outpulment, materials, labor, overhead, and the profit for the work indicated on this application consets. PROPERTY OWNER Proper of construction: Occupancy groups: Editing: New: NOTICE All contractors and subcontractions are required to be licensed with the base properties of the componing of the principation in which work is boing performed. If the applicant is exempt from licensing, the following reasons apply: Contractors Co				
Subdivision: Lot no:	SW WATERIA VIEW &	OR SW THLOR		vajasja.
Tax map/parcel no: DESCRIPTION OF WORK RE-ROBE BLD USD/YSY/USB/YYG RE-ROBE BLD USD/YSY/USB/YYG PROPERTY OWNER TENANT DESCRIPTION OF WORK RE-ROBE BLD USD/YSY/USB/YYG DESCRIPTION OF WORK RE-ROBE BLD USD/YSY/USB/YYG DESCRIPTION OF WORK RE-ROBE BLD USD/YSY/USB/YYG Exitalling building area: square feet Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE RE-ROBE RAPPLICANT CONTACT PERSON Business name: ASTOR FERMINES City/State/ZIP: POATUA ND CR 97 22 5 Phone: Fox: E-mail: DAPPLICANT CONTACT PERSON Business name: ASTOR FERMINES City/State/ZIP: POATUAND OR 97 28 1 Phone: ASTOR SAN FERMINES CONTRACTOR Business name: Exercitive Control or 27 28 1 Phone: ASTOR SAN FERMINES CONTRACTOR Business name: Exercitive Control or Control or Social under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors Board under ORS 701 and biop prefit to be licensed with the Oregon Construction Contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and the Oregon Construction Contractors Board under ORS 701 and the Oregon Construction Contractors Board under ORS 701 and the Oregon Construction Contractors and subcontractors are required to be licensed with the Oregon				Maria Milita
DESCRIPTION OF WORK RE-ROST BLO USD/USY/USS/UUG PROPERTY OWNER TENANT TENANT TENANT Type of construction:		Lot no.:	Indicate the value (rounded to the nearest dollar) of all equip	pment,
RE-GOOT BLO USD/USU/USD/USD/USD/USD/USD/USD/USD/USD/			this application.	tea on
RE-ROSE BUD USD USD USD USD USD USD USD USD USD U	DES	CRIPTION OF WORK	Valuation \$ 8 8 7 7	
Name: PETERROS RESIDENTIAL LC Address: 4755 SU BARNES PO FEOR Phone: Fax: E-mail: Contact name: PATERNO SU ISTANE City/State/ZIP: PATERNO SU ISTANE Contract name: PATERNO SU ISTANE Contract name: PATERNO SU ISTANE Contract name: PATERNO SU ISTANE City/State/ZIP: PATERNO SU ISTANE Contract name: Paterno Su I	RE-ROST BLO 450	1454/458/446	· •	
PROPERTY OWNER		,	New building area: square feet	
Name: PETERRONS RESIDENTIAL LUC Address: 9755 SW BARNES PD #E99 City/State/ZIP: PORTUR ND CR 97275 Phone: Fax: E-mail: Business name: PETERRON Business name: PETERRON Address: 2000 SW 157 AVE City/State/ZIP: PORTURN CR 97281 Phone: Fax: CONTRACTOR Business name: EXECUTIVE COPETING PERSON Business name: EXECUTIVE COPETING PERSON Business name: EXECUTIVE COPETING PERSON CONTRACTOR Business name: EXECUTIVE COPETING PERSON CONTRACTOR Business name: EXECUTIVE COPETING PERSON City/State/ZIP: CARD CR 97281 Phone: Fax: CONTRACTOR Business name: EXECUTIVE COPETING PERSON City/State/ZIP: CARD CR 97281 Phone: Fax: COSI IC: 193466 Authorized Authorized Signature: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete Fee methodology set by Tri-County Building			Number of stories:	
Address: 9755 SW BARNES PD \$4690 City/State/ZIP: PORTUAND CR 97725 Phone: Fax: E-mail: Business name: GRIDR FERM 177 Contact name: 7PC HONTON Address: 2020 SW /ST AVE City/State/ZIP: PORTUAND CR 9725 1 Phone: FC3 438 9654 Fax: E-mail: 7ACO FASTERBERM 175 CM Address: 8765 FC37 CROMPER PD SUITE 703 City/State/ZIP: GREWOOD VILLAGE CO SOIII Phone: 503 327 3124 Fax: CCB lic: /93465 Authorized signature: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is example from licensing, the following reasons apply: Building PERMIT FEES Please refer to fee schedule Fees due upon application Amount received Date received: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	☐ PROPERTY OWNER	☐ TENANT	Type of construction:	
Address: 9755 SW BARNES PD \$4690 City/State/ZIP: PORTUAND CR 97725 Phone: Fax: E-mail: Business name: GRIDR FERM 177 Contact name: 7PC HONTON Address: 2020 SW /ST AVE City/State/ZIP: PORTUAND CR 9725 1 Phone: FC3 438 9654 Fax: E-mail: 7ACO FASTERBERM 175 CM Address: 8765 FC37 CROMPER PD SUITE 703 City/State/ZIP: GREWOOD VILLAGE CO SOIII Phone: 503 327 3124 Fax: CCB lic: /93465 Authorized signature: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is example from licensing, the following reasons apply: Building PERMIT FEES Please refer to fee schedule Fees due upon application Amount received Date received: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	Name: PETERLONS	RESIDENTIAL LUC	Occupancy groups:	
New: Notice			Existing:	
Phone: Fax: E-mail: Contact name: Contact person Fax: Contact name: Contact name:				
E-mail: PAPLICANT	7			
Business name: CONTACT PERSON Business name: CONTACT PERSON Contact name: CONTACT PERSON Address: 2000 Stu /ST AVE City/State/ZIP: PARTLAND OR 9725 / Phone: CONTACTOR Business name: ENERGY ORGANDER DO SOUTE 703 City/State/ZIP: CREENGOS VILLAGE CO SOUL Phone: GO 3 327 3 (24) Fax: CCB lic: / 934/66 Authorized signature: * Fee methodology set by Tri-County Building	E-mail:			ed with
Business name: FRITT PERM 173 Contact name: PAT HONTON Address: ZONO SW /ST AVE City/State/ZIP: PONTOND ON 977281 Phone: FRI UNS CONTRACTOR Business name: EXECUTIVE COPTING F CWTASTINE Address: & 165 FOST ORGANED RD SW1TE 703 City/State/ZIP: CPRIMOS WILLIAGE CO 90(1) Phone: F03 327 3124 Fax: CCB lic: /93466 Authorized signature: * Fee methodology set by Tri-County Building	■ APPLICANT	□ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701	1 and
Contact name: 200 from for Address: 200 50 /57 AVE City/State/ZIP: Program of 9726 / Phone: 603 438 9654 Fax: E-mail: 200 fraster Peron of 5 com Contractor Business name: Exercitive Contract for 60 schedule Address: 8765 foor Occurre RD 5017 703 City/State/ZIP: Cream of 0 village Co 9011 Phone: 603 327 3129 Fax: CCB lic: /93466 Authorized signature: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete signature: * Fee methodology set by Tri-County Building	Business name: THIER F	Epur 175	being performed. If the applicant is exempt from licensing, the	he
City/State/ZIP: PORTLAND OR 97281 Phone: GCS 438 9654 Fax: E-mail: PACO FASTERPERANTS. Com Business name: Exercitive Coarrive Please refer to fee schedule Address: B765 FCST ORCHARD BD SUITE 703 City/State/ZIP: GRENNOOR UINAGE CO 9011 Phone: GO3 327 3124 Fax: CCB lic: /93466 Authorized signature: * Fee methodology set by Tri-County Building	Contact name: ZAZ HWT	00	following reasons appry:	
Phone: GC3 438 9654 Fax: E-mail: 1ACO FASTERPEAN 75. 0 PASTER PEAN 75. 0 PASTER PEA	Address: 2000 SW /St	AVE		
E-mail: 1ACO FASTERSEAM 75. cem Business name: ERCUTIVE COPTIVE F CONTRACTIVE Address: 6766 FCST ORCHARD RD SUITE 703 City/State/ZIP: CREMITOR UILLAGE CO 9011 Phone: 503 327 3124 Fax: CCB lic.: 193466 Authorized signature: * Fee methodology set by Tri-County Building	City/State/ZIP: PORTLAND	09 97281		
Business name: Exercise Coarrive Coarri	Phone: 503 439 9654	Fax:		
Business name: Executive Coffice = Contractive Please refer to fee schedule Address: \$765 Fost Occurred DD SUITE 703 City/State/ZIP: Creamon Uillage Co 9011 Phone: 503 327 3129 Fax: Date received CCB lic: 193466 Authorized signature: * Fee methodology set by Tri-County Building	E-mail: LACO FASTER	PERMITS. DEM		otterovie
Address: 6765 East Occurred RD SUITE 703 City/State/ZIP: CREENWOOD UILLAGE CO SOLL Phone: 503 327 3124 Fax: CCB lic.: 193466 Authorized signature: * Fee methodology set by Tri-County Building		CONTRACTOR	BUILDING PERMIT FEES*	94777
City/State/ZIP: CREENTOOP UILLAGE CO SOLL Phone: 503 327 3124 Fax: CCB lic.: /93466 Authorized signature: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	Business name: Executive	COPPING - CONTRACTION	Please refer to fee schedule	
City/State/ZIP: CREMICON UNLACE CO SOLLI Phone: 503 327 3129 Fax: CCB lic: /93466 Authorized signature: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	, and the same		Face due unen application	
CCB lic.: 193466 Authorized signature: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete	City/State/ZIP: CREAM OOK	village co sou	Amount received	
Authorized signature: * Fee methodology set by Tri-County Building	Phone: 503 327 312	Y Fax:	Date received:	
Authorized signature: * Fee methodology set by Tri-County Building	CCB lic.: 193466		This permit application expires if a permit is not obta	ined
* Fee methodology set by Tri-County Building	Authorized	The state of the s		
	The second secon	Date: 6/17/19		

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Date Received

Date Issued: [

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE (USE ONLY
13.19	Permit No.: 182019-250-
12,19	By: CICUL
	Payment Type: \//_/

	E OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
	OF CONSTRUCTION
1- and 2-family dwelling	₽ Commercial/industrial
Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFOR	MATION AND LOCATION
Job site address: 10600 500	TAYLOR
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
SW WATERIA VIEW OR	Sw TAMOR
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIF	TION OF WORK
☐ PROPERTY OWNER	☐ TENANT
Name: PETERKONS R Address: 9755 SW BAR	RESIDENTIAL LUC NES PO # 690
Name: PETERKONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C	RESIDENTIAL LUC NES PO #=690 R 97275
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C	RESIDENTIAL LUC NES PO # 690
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail:	PESIDENTIAL LUC NES PD #=690 R 97275
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTVA ND, C Phone: E-mail:	PESIDENTIAL LUC NES IPO #=690 PESIPO FESON
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUA ND, c Phone: E-mail: Business name: FASTOR PETER	PESIDENTIAL LUC NES 12-0 ==690 R 97275 Fax: CONTACT PERSON DUN 173
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: E-APPLICANT Business name: FASTOR PETER Contact name: VAL HUNFOR	PESIDENTIAL LUC NES IPO #=690 PESIPO #=690 P
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUA ND, C Phone: E-mail: Business name: FASTOR PETER Contact name: 2AC HUNFOR Address: 2000 SW /ST /	PESIDENTIAL LUC NES PD ==690 PS 97275 Fax: CONTACT PERSON PUE
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: E-mail: Contact name: PASTUR PER Contact name: PASTUR PER Contact name: PASTUR PER Contact name: PASTUR PER City/State/ZIP: PORTUAND C	PESIDENTIAL LUC NES 120 #=690 2 97275 Fax: CONTACT PERSON PUE 2 97281
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUA ND, C Phone: E-mail: Business name: PATOR PETE Contact name: DAT HOMFOR Address: 2000 SW /ST / City/State/ZIP: PORTUAND C Phone: 683 433 9654	PESIDENTIAL LUC NES 12-0 #=690 12-97225 Fax:
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PODTUAND, C Phone: E-mail: E-mail: Contact name: PAR HUNTOR Address: 2020 SW /ST / City/State/ZIP: PODTUAND C Phone: BUS 193 9654 E-mail: LACOTASTERD	PESIDENTIAL LUC NES PD #=696 R 97228 Fax:
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUA ND, C Phone: E-mail: Business name: PATOR PETE Contact name: DAT HUNFOR Address: 2000 SW /ST / City/State/ZIP: PORTUAND C Phone: PAS 433 PGS4 E-mail: 1ACO FASTERPA CONT	PESIDENTIAL LUC NES 12-0 ==690 12-97225 Fax:
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: E-mail: Contact name: PAR HUNTOR Address: 2020 SW /ST / City/State/ZIP: PORTUAND C Phone: 688 438 9654 E-mail: 1ACO FASTERD C Business name: EXECUTIVE C	PESIDENTIAL LUC NES PD #=690 R 97228 Fax: CONTACT PERSON PUE R 97281 Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax: COATING P CONTACTING
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUA ND, c Phone: E-mail: Business name: PATOR PETE Contact name: DAT HUNTOR Address: 2000 SW /ST / City/State/ZIP: PORTUAND C Phone: PAS 433 PCS4 E-mail: 1ACO FASTERPE CONT Business name: EXECUTIVE C Address: 9765 East O	PESIDENTIAL LUC NES 12-0 #=690 12-97275 Fax: CONTACT PERSON PUE 297281 Fax:
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: Business name: FASTOR PETE Contact name: PAL HUNFOR Address: 2000 SW /ST / City/State/ZIP: PORTUAND C Phone: GCS 438 PGS4 E-mail: PAC OFFASTEROR CONT Business name: FRETUTIVE C Address: 8765 East O City/State/ZIP: CREENWOOD (PESIDENTIAL LUC NES 12-0 #=690 12-97275 Fax: CONTACT PERSON PUE 297281 Fax:
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: E-mail: E-mail: Contact name: PAT HUNTOR Address: 2020 SW /ST / City/State/ZIP: PORTUAND C Phone: FS USS USS PCSY E-mail: LACOFASTERS CONT Business name: EXECUTIVE C Address: 8765 East O City/State/ZIP: CREENWOOD (Phone: 503 327 3124	PESIDENTIAL LUC NES PD #=690 R 97278 Fax: CONTACT PERSON PUE R 97281 Fax: EZAMITS. DEM PRACTOR POPTINO & CONTACTINE ECHAPO PD SUITE 705 IILAGE CO BOIL
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: Business name: FASTOR PETE Contact name: DAL HUNFOR Address: 2020 SW /ST / City/State/ZIP: PORTUAND O Phone: GOS UBS PESU E-mail: LACO FASTERO CONT Business name: EXECUTIVE C Address: B165 East O City/State/ZIP: CREWNOOD (Phone: 603 327 3124 CCB lic: 193466 Authorized	PESIDENTIAL LUC NES PD #=690 R 97278 Fax: CONTACT PERSON PUE R 97281 Fax: EZAMITS. DEM PRACTOR POPTINO & CONTACTINE ECHAPO PD SUITE 705 IILAGE CO BOIL
Name: PETERRONS R Address: 9755 SW BAR City/State/ZIP: PORTUAND, C Phone: E-mail: E-mail: E-mail: Contact name: PAT HUNFOR Address: 2000 SW /ST / City/State/ZIP: PARTUAND C Phone: 633 433 9654 E-mail: 9AC OFFASTERS CONT Business name: EXECUTIVE C Address: 8765 East O City/State/ZIP: CREENWOOD (Phone: 603 327 3124 CC8 lic.: 193466	PESIDENTIAL LUC NES PD #=690 R 97278 Fax: CONTACT PERSON PUE R 97281 Fax: EZAMITS. DEM PRACTOR POPTINO & CONTACTINE ECHAPO PD SUITE 705 IILAGE CO BOIL

	Payment Type:	1/194	
REQUIRED DAT	'Λ· 1 ΛΝΠ 2.ΕΔΝ	III Y DWELLING	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation			
Number, of bedrooms	:		
Number of bathrooms	:		
Total number of floors	:		
New dwelling area:		square feet	
Garage/carport area:		square feet	
Covered porch area:		square feet	
Deck area:		square feet	
Other structure area:		square feet	
REQUIRED DATA			
Permit fees* are based of indicate the value (round materials, labor, overheathis application.	ed to the nearest d, and the profit fo	dollar) of all equipment,	
Valuation \$\frac{1}{2}	31000		
Existing building area		square feet	
New building area:		square feet	
Number of stories:			
Type of construction:			
Occupancy groups:			
Existing:			
New:			
	NOTICE		
All contractors and subco the Oregon Construction may be required to be lic being performed. If the a following reasons apply:	Contractors Board ensed in the jurisd	d under ORS 701 and liction in which work is	
BUILI	DING PERMIT FI	EES*	
Pleas	e refer to fee sche	dute	
Fees due upon application	n		
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE (JSE ONLY
Date Received ((S(C)	Permit No.187019-2500
Date Issuer: 012	By: CLEUY
	Payment Type:

NO REGON	Beaverton Oregon.gov	Payment Type:	州
		REQUIRED DATA: 1- AND 2-FAMILY DWI	ELLING
	TYPE OF WORK	Permit fees* are based on the value of the work per	
☐ New construction	☐ Demolition	Indicate the value (rounded to the nearest dollar) of materials, labor, overhead, and the profit for the wor	all equipment,
Addition/alteration/replacement	Other:	this application.	
CATE	GORY OF CONSTRUCTION	Valuation	
1- and 2-family dwelling	ET Commercial/industrial	Number. of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE	INFORMATION AND LOCATION	New dwelling area: square	feel
Job site address: 10600 50	WTAYLOR	Garage/carport area: square t	feet
City/State/ZIP:		Covered porch area: square t	feet
Suite/bldg./apt. no.:	Project name:		
Cross street/directions to job site:	_	Deck area: square I	
SW WATERIA VIEW	DR / SW TMUOR	Other structure area: square t	100000000000000000000000000000000000000
		REQUIRED DATA: COMMERCIAL-USE CHI	
Subdivision:	Lot no.:	Permit fees* are based on the value of the work per indicate the value (rounded to the nearest dollar) of	all equipment,
Tax map/parcel no.:		materials, tabor, overhead, and the profit for the worthis application.	k indicated on
D	ESCRIPTION OF WORK	Valuation \$7,278	
Drin - De- 111	2 luce luzal-	Existing building area: square to	feet
KE-ROOF BUD 46	2/466/438/505	New building area: square	feet
•		Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
ACCUSATE OF THE CONTRACTOR OF	The state of the s		
	- RESIDENTIAL LUC	Occupancy groups:	
	BARNES PO #690	Existing:	
	7, er 97225	New:	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to b	
APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under C may be required to be licensed in the jurisdiction in	which work is
	PERM 173	being performed. If the applicant is exempt from lice following reasons apply:	insing, the
Contact name: ZAZ HON	702		
Address: 2020 8W /	or Ave		
City/State/ZIP: PCRTCANT	000 97281		
Phone: 603 438 965	G Fax:		
E-mail: ZACOFASTE	RPEAN ITS. CEM		
	CONTRACTOR	BUILDING PERMIT FEES*	
Business name: Executive	COPTING & CONTRACTING	Please refer to fee schedule	
	ORCHARD RD, SUITE 703	Fees due upon application	
	OF VILLAGE CO SOIL	Amount received	
	24 Fax:	Date received:	
CCB lic.: 193465		This permit application expires if a permit is r	not obtained
Authorized		within 180 days after it has been accepted a	
signature:	n # - / -	* Fee methodology set by Tri-County Buildir	ng
Print name: TAC Herra	Date: 6/12/19	Industry Service Board	

Form B70-1001



PERMIT # B2019-2313

Date

5/31/2019

Issued:

Issued By: clevy

BUILDING PERMIT

City of Beaverton

PO 4755, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550

Internet Address: www.beavertonoregon.gov

Call For Inspection

24-HOUR INSPECTION REQUEST LINE:

(503) 526-2400

WEB INSPECTION REQUESTS:

www.beavertonoregon.gov/WebInspectionRequest

Requests for inspections must be made by 7AM to receive an inspection on that day. Request after 7AM will be processed the following day.

Job Site Address:

7702 SW CANYON LN

Parcel No:

1S112BD0340

Description:

ROMAN 2 LOT PARTITION: ADDITION TO EXISTING SFR.

REMOVE ROOF & 2ND FLOOR ADD (1) LEVEL ADDTION &

BASEMENT.

Permit Type:

SWRWATR

Permit

NEW SubType:

More Information:

Owner:

MONICA & GEORGE CARP

Address:

7702 SW CANYON LN BEAVERTON OR 97225

Telephone Number: (503) 481-8161

Contractor:

MONICA & GEORGE CARP

Address:

7702 SW CANYON LN BEAVERTON OR 97225

Telephone Number:

(503) 481-8161

CCB No:

Contractor's/Owners Authorized Agent

Print Name: Signature:

I certify that I have read this application and state that the above information is correct. I agree to comply with all City Ordinances and State laws relative to building construction and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

This permit is issued subject to the Beaverton Municipal Code, State of Oregon Specialty Codes and all other applicable laws and ordinances. This permit shall expire and become null and void if the work authorized by this permit is not commenced within 180 days. Should any work authorized by this permit be suspended or abandoned for 180 days, this permit shall become null and void. Permits are not transferable. A new permit will be required for any work covered by an expired permit. This permit is not valid unless signed by all parties indicated.

Community Development Department 12725 SW Millikan Way / PO Box 4755

BUILDING SERVICES DIVISION



Building Division OFFICE USE ONLY Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Date Received: Permit No. 82019-1837-Date NOLHANDE BEVAELLON 13-19 RECEIVED BeavertonOregon.gov

тур	E OF WORK	
☐ New construction	☐ Demolition	
	Other:	· · · · · · · · · · · · · · · · · · ·
	OF CONSTRUCTION	
☐ 1- and 2-family dwelling	☐ Commercial/	industrial
Accessory building	☐ Multi-family	
Master builder	☑ Other: ca	N DOUG T
	MATION AND LOCA	
The state of the first transfer and the state of the stat	the state of the s	
, 00311 11311	91005	
City/State/ZIP: BCAVENTON, GL		
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job site:		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESCRIF	PTION OF WORK	
PROPERTY OWNER Name:		TENANT
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
☑ APPLICANT		CONTACT PERSON
Business name: PLEPERM DAW	ALL DOLUTU	MS, LLC
Business name: PKERCH DAW Contact name: CHRIS NESTLE	K 00 (E	
Address: 2550 SW CEPAR		
City/State/ZIP: BEAVERTON OK		
Phone: 50>.341.6501	Fax:	
E-mail: CHAIS POSLLCNW.	com	
	TRACTOR	
Business name: CHANGER CO	15 HAR CHUM	
	AVE.	
City/State/ZIP: POLILAND, OIL		
Phone: 5.03.575.8695	Fax:	
CCB lic.: 166)13		
Authorized signature:		
Print name: CHRIS NESTIER	OOK	Date: 5.3.19

/11273G	Payment Type:	119C-
REQUIRED DAT	ra: 1- AND 2-FAN	AILY DWELLING
Permit fees* are based of	on the value of the	work performed. dollar) of all equipment,
Valuation		
Number, of bedrooms	5:	
Number of bathrooms	S:	
Total number of floors	s:	
New dwelling area:		square feet
Garage/carport area:		square feet
Covered porch area:		square feet
Deck area:		square feet
Other structure area:		square feet
The second secon	Carlo and age, and a second	-USE CHECKLIST
Permit fees* are based of indicate the value (round materials, labor, overheathis application.	ded to the nearest	dollar) of all equipment,
Valuation 418	1000	
Existing building area		square feet
New building area:		square feet
Number of stories:		
Type of construction:	V-1 H	د.
Occupancy groups:	V	
Existing:	!	
New:		
	NOTICE	
All contractors and subc the Oregon Construction may be required to be lift being performed. If the a following reasons apply:	n Contractors Boal censed in the juris applicant is exemp	diction in which work is
- 13-4 (2004 4-44) (204 h 1	DING PERMIT F	resimply are in the company of
Fees due upon applicati	on	
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Bullding Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL evelopment Department Building Division kan Way / PO Box 4755

Print name:

Bill Doss

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

FIGURE LOFFICE L	JSE ONLY
Date Receive 5/15/2010	Permit No.: B2019-2074
Date Issued: (1-13-17)	By: ML
CITY OF BEAVERTON	Payment Type: V154

, , , , , , , , , , , , , , , , , , , ,	BeavertonÓregon.gov L	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	111,7pc, V(O)
	YPE OF WORK	BUILDING DIVISIONED DATA: 1- AN	ID 2-FAMILY DWELLING
☐ New construction	☐ Demolition	l Permit fees" are based on the va	lue of the work performed. e nearest dollar) of all equipment,
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the this application.	he profit for the work indicated on
CATEGOR	Y OF CONSTRUCTION	Valuation	70000
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	(
☐ Accessory building	☐ Multi-family	Number of bathrooms:	(
Master builder	Other:	Total number of floors:	
JOB SITE INF	ORMATION AND LOCATION	New dwelling area:	square feet 200
Job site address: 10115 SW Heathe	r Lane	Garage/carport area:	square feet
City/State/ZIP:Beaverton, OR 97008	3	Covered porch area:	square feet
Suite/bldg./apt. no.;	Project name: Fitterer sun room	/ deck	square feet 456
	Ferry Rd, west towards Hwy 217, o	Deck area:	
Heather		Olher structure area:	square feet
		·····	MERCIAL-USE CHECKLIST
Subdivision:Denney Whitford	Lot no.:W283271	Permit fees* are based on the va Indicate the value (rounded to the	e nearest dollar) of all equipment,
Tax map/parcel no.:1S123CB01100		materials, labor, overhead, and the this application.	he profit for the work indicated on
	RIPTION OF WORK	Valuation	
Build sun room addition under e	xisting 19 x 12 main floor addition. terior doors (2), window (1), electric	Existing building area:	square feet
outlets and lighting to code, cen	terior doors (2), wildow (1), electric lent slab floor, insulation, drywall, h	eated New building area:	square feet
space. Also adding a deck at ma	ain floor level with stairs to back ya	d. Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Mark & Laurie Fitterer		Occupancy groups:	
Address:10115 SW Heather Lane		Existing:	
City/State/ZIP:Beaverton, OR 9700	3	New:	<u>, , , , , , , , , , , , , , , , , , , </u>
Phone:(503) 758-6850	Fax:		TICE
E-mail:mark.fitterer@jedunn.com			rs are required to be licensed with
☐ APPLICANT	☑ CONTACT PERSON	the Oregon Construction Contraction may be required to be licensed in	ctors Board under ORS 701 and
Business name: Doss Design & Con	struction LLC	being performed. If the applicant	is exempt from licensing, the
Contact name: Bill Doss		following reasons apply:	
Address:21550 SE Tillstrom Rd			
City/State/ZIP:Damascus, OR 9708	9		
Phone:(503) 997-9080	Fax:		
E-mail:dossdesignconstruction@	gmail.com		
	ONTRACTOR	BUILDING P	'ERMIT FEES"
Business name: Doss Design & Con	struction LLC	Please refer	to fee schedule
Address:21550 SE Tillstrom Rd		Fees due upon application	
City/State/ZIP: Damascus, OR 9708	9	Amount received	
Phone:(503) 997-9080	Fex:	Date received:	
CCB lic.:194823		This the new time time to	Ires if a permit is not obtained
Authorized signature:		within 180 days after it has	s been accepted as complete

Date:

05/13/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

ELECTRONIC SUBMITTAL Development Department Building Division SEE I:/BLDG DIV WG-8...

tillikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

CFFICE	JSE ONLY
Date Received 06/04/2019	Pormit No.: B2019-2361
Date Issued:	By: CleUS
CITY OF REAVERTED	Paymont Type:

Beaverton

☐ New construction	☐ Demolition
Addition/alteration/replacement	Olher:
<u> </u>	Y OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 11545 SW Welch Ct	
city/State/ZIP:Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Odien - 32291
Cross street/directions to job site:	1
Subdivision:	Lol no.:
Tax map/parcel no.:1S127CD01000	
DESC	RIPTION OF WORK
Encapsulate crawispace	☐ TENANT
PROPERTY OWNER Name: Kurt & Sandra Odien	☐ TENANT
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct	
PROPERTY OWNER Name: Kurt & Sandra Odien	
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct	
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail:	Fax:
Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZiP: Beaverton, OR 97008 Phone: E-mail:	Fax: CONTACT PERSON
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT Business name: Terrafirma Foundation	Fax: CONTACT PERSON
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: DAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers	Fax: CONTACT PERSON
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St	Fax: CONTACT PERSON
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: DAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers	Fax: CONTACT PERSON on Systems
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: DAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222	Fax: CONTACT PERSON
Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	Fax: CONTACT PERSON On Systems Fax:
Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	Fax: CONTACT PERSON On Systems Fax:
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com co Business name: Terrafirma Foundation	Fax: CONTACT PERSON On Systems Fax:
Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT	Fax: CONTACT PERSON On Systems Fax:
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com Cot Business name: Terrafirma Foundation	Fax: CONTACT PERSON On Systems Fax:
PROPERTY OWNER Name: Kurt & Sandra Odien Address: 11545 SW Welch Ct City/State/ZIP: Beaverton, OR 97008 Phone: E-mail: SLAPPLICANT Business name: Terrafirma Foundation Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com Co Business name: Terrafirma Foundation Address: 13110 SW Wall St	Fax: CONTACT PERSON On Systems Fax:

Print name: Heathor Rogers

JĖ REM		
	ERTON	Paymont Type: 1
DING DI	VIGIONA	A: 1- AND 2-FAMILY DWELLING
Permit fees	* are based o	on the value of the work performed.
Indicate the	e value (round abor, overhea	led to the nearest dollar) of all equipment, and the profit for the work indicated on
Valuation		\$2,500.0
Number	, of bedrooms	3 ;
Number	of bathrooms	3:
Total nu	mber of floors	3 :
New dw	elling area:	square feet
Garage/	carport area:	square feel
Covered	porch area:	square feet
Deck are	ea:	square feet
Other st	ructure area:	square feet
4 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	the state of the s	A: COMMERCIAL-USE CHECKLIST
Indicate the	e value (round abor, overhea	on the value of the work performed. ded to the nearest dollar) of all equipment, ad, and the profit for the work indicated on
Valuation		
Existing	building area	square feel
New bu	lding area:	square feet
Number	of stories:	
Type of	construction:	
Occupa	ncy groups:	
Exi	sting:	
Nev	v:	
		NOTICE
All contrac	Construction	contractors are required to be licensed with a Contractors Board under ORS 701 and censed in the jurisdiction in which work is

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Bullding Industry Service Board

Form B70-1001

Dale: 5.3 19

2 X250

Building Permit Application

Beaverton 8

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY				
Date Received: 3 -20 - 17	Permit No.: B2017-1039			
Date Issued:	By:			
	Payment Type:			

	BeavertonOregon.geg L
Т	YPE OF WORK
■ New construction	☐ Demolition
Addition/alteration/replacement	☑ Other: Code Re-evaluation
CATEGO	RY OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 9555 SW Barnes F	ld .
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Code Re-evaluation
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
PROPERTY OWNER	□ TENANT:
Name: Peterkort Property Manag	
Address: 9755 SW Barnes Rd. #6	-20
City/State/ZIP: Portland, OR 97225	Fax:
Phone:	FdX.
E-mail: APPLICANT	☑ CONTACT PERSON
Business name: Ankrom Moisan Arc	
Contact name: Lori Kellow	JIII (BC(S
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 977-5222	Fax: (503) 245-7710
E-mail: lorik@ankrommoisan.con	
	CONTRACTOR
Business name:	seem meeting on the seem and the seem and the seem and the seems of th
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized	1
signature:	60 W
Print name:	Date:

Lori Kellow

	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the ne materials, labor, overhead, and the paths application.	earest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMER	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the n- materials, labor, overhead, and the this application.	earest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	Æ
All contractors and subcontractors at the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and ne jurisdiction in which work is
	RMIT FEES*
Please refer to the Fees due upon application	5160.00

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

03/17/17



Print name: Brent Cullinane

Building Permit Application
City of Beaverton
PO Box 4755, Beaverton, OR 97076
Phone (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received: (a-13-19	Permit No.: BQ019-2548	
Date Issued: (0-13-17	By: //	
	Payment Type: V15~	
1&2 family: Simple	Complex:	

Internet address: www	.beavertonoregon.gov	1&2 family: Simple		Complex:	
TYPE O	- WORK		REQUIRED DATA	A: 1- AND 2-F/	AMILY DWELLING
☐ New construction	☐ Demolition	Per	rmit fees* are based	on the value o	f the work performed.
✓ Addition/alteration/replacement	☐ Other:	Inc	dicate the value (rou	inded to the nea	arest dollar) of all
CATEGORY OF	CONSTRUCTION	we	ork indicated on this	application.	
1- and 2-family dwelling	☑ Commercial/industrial	Va	luation		
Accessory building	☐ Multi-family		Number. of bedroo	ms:	
Master builder	Other:		Number of bathroo	ms:	
JOB SITE INFORMAT	ION AND LOCATION		Total number of flo	ors:	
Job site address: 240 NW Lost Springs Terrace	#36		New dwelling area	•	square feet
City/State/ZIP: Portland, OR 97229			Garage/carport area	à:	square feet
Suite/bldg./apt. no.: Timberland Town Center	Project name: Pharmaca Integ	grative	Covered porch area	1:	square feet
Cross street/directions to job site:			Deck area:		square feet
			Other structure area	a:	square feet
			REQUIRED DATA	: COMMERCIA	AL-USE CHECKLIST
					of the work performed.
Subdivision:	Lot no.:	eq	dicate the value (rou uipment, materials,	labor, overhead	d, and the profit for the
Tax map/parcel no.:		l 	ork indicated on this	s application.	
DESCRIPTIO	N OF WORK		luation 1,800.00		
Replace and add (3) new sprinklers due to new ce	lling and wall construction (clean r	-	Existing building a		square feet
			New building area:		square feet
			Number of stories:		
			Type of construction	on: Type V-5	
☑ PROPERTY OWNER	☐ TENANT		Occupancy groups	: M	
Name: Pharmaca Integrative Pharmacies			Existing:		
Address: 4940 Pearl East Circle, #301			New:		
City/State/ZIP: Boulder, CO 80301				NOTICE	
Phone: (303) 867-3147	Fax: ()	12	li contractors and su		re required to be on Contractors Board
☑ APPLICANT	CONTACT PE	toon	der ORS 701 and n	nay be required	to be licensed in the
Business name: Red Hawk Fire Protection		jui ap	risdiction in which olicant is exempt fr	work is being p com licensing, t	erformed. If the he following reasons
Contact name: Brent Cullinane		1 1 7	ply:		
Address: 3801 Fruit Valley Rd Suite D					
City/State/ZIP: Vancouver, WA 98660	1				·
Phone: (360) 984-3712	Fax::()				
E-mail: brentc@redhawkfp.com					
CONTRA	CTOR		BUILI	DING PERMIT	FEES*
Business name: Red Hawk Fire Protection			Plea	se refer to fee s	chedule
Address: 3801 Fruit Valley Rd Suite D		Fe	es due upon applic	ation	\$168.13
City/State/ZIP: Vancouver, WA 98660		A	mount received		
Phone: (360) 984-3712	Fax: ()		ate received:		L
CCB lic.: 219157		1 1	This permit applica	tion expires if a	permit is not obtained
Authorized dignotures	The control of the Co	*	within 180 days at		accepted as complete

Date: 6/13/19

Industry Service Board

440-4613T (11/02/COM/WEB)

ECTRONIC SUBMITTAE nit Application

Compaunts Development Department Building Division

12/25 SVV MIRKAN Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

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H	mangg	2
•	L A	

DECET OFFICE USE ONLY Date Received: 02/15/2019 Permil No.: B2019-0644 ₿у: Date Issued: (1)

III The day of the same of the	03) 526-2493 Fax: (503) 526-2550 De	ite issued:		ノー(フー)(リーロック	uci	/ U	
l' Beaverton Phone: (5	eneral Information (503) 526-2222		Ÿ	OF BEAVERTON Payr			
	BeavertonOregon.ge	İBC		DING DIVISION 1-		Y DWELLING	
TYP	E OF WORK		⊢	the state of the s	value of the w	vork performed.	
☐ New construction	☐ Demoiltion			indicate the value (rounded to materials, labor, overhead, and	the nearest (i	OHATI OF AIL HUUF	iomen.
☑ Addition/alteration/replacement	Other:			this application.			
CATEGORY	OF CONSTRUCTION			Valuation			
☐ 1- and 2-family dwelling	☑ Commercial/industrial			Number, of badrooms:			
☐ Accessory building ☐ Multi-family				Number of bathrooms:			
☐ Master builder ☐ Other:				Total number of floors:			
JOB BITE INFO	RMATION AND LOCATION			New dwelling area:	!	square feet	
Job site address: 13840 NW Cornell Road			Ī	Garege/carport area:		square feet	
City/State/ZIP: Portland, OR 97229			ľ	Covered porch area:		square feet	
Suite/bidg./apt. no.:	Project name: Sunset High School	<u> </u>	ł	Deck area:		square feet	
Cross street/directions to job site: NW Trail	Ave., project is in auditorium		ŀ	Other structure area;		square feet	
			ŀ	REQUIRED DATA: CO	MMERCIAL-L	JSE CHECKLI	ST
Subdivision:	Lot no.;			Permit fees* are based on the Indicate the value (rounded to) ika naprasi <i>(</i>	ioliari of Bil equ	Timinalis
Tax map/parcel no.: 1N133BC01300				materiale, labor, overhead, an	id the profit for	r the work India	ated on
	IPTION OF WORK			this application. Valuation		\$	20,000
Improvements in the auditorium i	nclude enlarging the control booth	to		Existing building area:		square feet	6754
accommodate a new fixed ladder, new access panel to attic catwalk, and relocation of an existing receptacle for existing equipment (to be covered				New building area:		square feet	6754
relocation of an existing receptatunder a deferred submittal).	se for existing equipment (to be co	vo, oa		Number of stories:			1
	☐ TENANT			Type of construction:	(SVT)	-V-	N 69-
PROPERTY OWNER		·		Occupancy groups:			E
Name: Beaverton School District				Existing:			E
Address: 16550 SW Merlo Road			1	New;		· · · · · · · · · · · · · · · · · · ·	E
City/State/ZIP: Beaverton, OR 97003	Fax: (503) 356-4484				NOTICE		
Phone: (503) 356-4571			1	All contractors and subcontra		uired to he lice:	nsed with
E-mail: Jeffrey_Hamman@beaver	☐ CONTACT PERSON		1	Little Assess Constitution CA	NICANIANS HARI	สเมสเมายา	A L Geir
☐ APPLICANT			1	may be required to be license being performed. If the applic	ceut is exemb.	t from licensing	, the
Business name: Opsis Architecture			1	following reasons apply:			
Contact name: Lindsay Furlong			1				
Address: 920 NW 17th Ave.			1				
City/State/ZIP: Portland, OR 97209	Fex: (503) 525-0440		1				
Phone: (503) 525-9511	1.0%(000) 020 07.10		1		· · · · · · · · · · · · · · · · · · ·		
E-mail: lindsayf@opsisarch.com	NTRACTOR		1		G PERMIT F		
			1	Please re	efer to fee sch	edula T	
and the same of th	MCLOUGHUN		7	Fees due upon application		ļ	
			1	Amount received			
City/State/ZIP: PORTLAND			7	Date received:			
Phone: 503-232-906	1		7	This permit application	expires if a r	permit is not o	btained
CCB lo.: /8/09				within 180 days after i	t has been at	cepted as cor	nplete
Authorized signature:			7	 Fee methodology set 	by Tri-Coun	ty Building	

Date:

BALDWIN

Print name:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Ε



Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov

OF	FICE USE ONLY
Date Received: / / / /	Permit No.: \$3019-353(p
Date Issued:	1 By: CIEUU
	Payment Type:

TVDI	OC MORK	1				
	OF WORK					
New construction	☐ Demolition					
Addition/alteration/replacement	Other:					
CATEGORY OF CONSTRUCTION 1 1- and 2-family dwelling Commercial/industrial						
1- and 2-family dwelling	Commercia	al/industrial				
☐ Accessory building	☐ Multi-family	<i>'</i>				
☐ Master builder ☐ Other:						
JOB SITE INFORMATION AND LOCATION						
Job site address: 10 600 500 TAYLOR						
City/State/ZIP:						
Suite/bldg./apt. no.:	Project name:					
Cross street/directions to job site: BU VALERIA VIEW DIR	Sw TM	wor				
Subdivision:	Lot no.:					
Tax map/parcel no.:						
DESCRIP	TION OF WORK					
Deroperty owner Name: PETERMONS R Address: 9755 SW BAR						
City/State/ZIP: PURTUAND, CI	-					
Phone:	Fax:					
E-mail:						
APPLICANT		CONTACT PERSON				
Business name: EASTER PER						
Contact name: 2AL HONFOR	<u> </u>					
Address: 2000 SW 197 A	2-1 see					
City/State/ZIP: PORTLAND OF						
	Fax:					
53 420 7654						
E-mail: ZACO FASTERPEAM TS. OWN CONTRACTOR						
Business name: EXECUTIVE COATING & CONTRACTING						
Address: 8765 East 06		_				
City/State/ZIP: GREENWOOD U						
Phone: 503 327 3124	Fax:					
CCB lic.: 193466						
Authorized signature:						
Print name: ZAC HERROW		Date: 6/12/19				
I		1 / /				

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application.	earest dollar) of all equipment,
Valuation \$9528	00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC)
All contractors and subcontractors at the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and ne jurisdiction in which work is
-	
BUILDING PER	MIT FEES*
Please refer to fe	ee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFI	CE USE ONLY
Received:(0\12\19	Permit No. 2006
ssued:(0/12/14	By: OCUL
	Payment Type: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

	BeavertonOregon.gov L
	YPE OF WORK
New construction	
Addition/alteration/replacement	Other:
CATEGOR	RY OF CONSTRUCTION
1- and 2-family dwelling	Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 5355 54	U 10719 5L
City/State/ZIP: Beaverton	OR, 99005
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESC	RIPTION OF WORK
Name: BSS Bewerton Address:	LCC
City/State/ZIP:	
Phone: 816 - 888 - 7-399	Fax:
	i da.
Frapplicant	1 +110 ,000
ET WLLFIAMI	Apoint KC, COM
40.00000 0.000	LOUT CONTACT PERSON
ALTERNATION OF THE PROPERTY OF	
Business name: Faster Perm Contact name: Austin Chead	
Business name: Faster Perm Contact name: Austin Cheadl Address: 2000 SW (of	Its le Ave
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (of City/State/ZIP: Portland OR.	Its le Ave 977201
Business name: Faster Perm Contact name: Austin Cheadl Address: 2000 SW (of City/State/ZIP: Portland OR. Phone: 971-678-5405	Its le Ave
Business name: Faster Perm Contact name: Austin Cheach Address: 2000 SW (of City/State/ZIP: Portland OR. Phone: 9771-6778-5905 E-mail:	1ts le Ave 9'7-201 Fax:
Business name: Faster Perm Contact name: Austin Cheadle Address: 2000 SW (st City/State/ZIP: Portland OR. Phone: 971-678-5405 E-mail:	Ave 97-201 Fax:
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (of City/State/ZIP: Portland OR. Phone: 971-678-5905 E-mail: Business name: Elder Demol	Its le Ave 917-201 Fax: ONTRACTOR VALON INC
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (st City/State/ZIP: Portland OR. Phone: 9771-678-5905 E-mail: Business name: Elder Pemal Address: 6900 SF 1015f	Ave 97-201 Fax:
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (st City/State/ZIP: Portland OR. Phone: 9771-678-5905 E-mail: Business name: Elder Pemal Address: 6900 SF 1015f	Its le Ave 917-201 Fax: ONTRACTOR VALON INC
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (st City/State/ZIP: Partland OR. Phone: 9771-678-5405 E-mail: Cu Business name: Elder Pemal Address: 6400 SE 1015t City/State/ZIP: Partland O/ Phone:	Its le Ave 917-201 Fax: ONTRACTOR VALON INC
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (of City/State/ZIP: Portland OR. Phone: 971-678-5405 E-mail: Business name: Elder Pems I Address: 6400 SF 1065 City/State/ZIP: Portland O	Its le Ave 9'7-201 Fax: ONTRACTOR United A LVC Ave Ste 201 R
Business name: Faster Perm Contact name: Austin Chead Address: 2000 SW (st City/State/ZIP: Portland OR. Phone: 9771-678-5405 E-mail: CC Business name: Elder Pems I Address: 6400 SE 10(st City/State/ZIP: Portland O) Phone: CCB lic.: 12 1650 Authorized	Its le Ave 9'7-201 Fax: ONTRACTOR Alion INC Ave Ste 201 R
Business name: Faster Perm Contact name: Austin Cheadl Address: 2000 SW (of City/State/ZIP: Partland OR. Phone: 971-678-5905 E-mail: CCB lic.: 12 1650	Its It Aue 9'7-201 Fax: ONTRACTOR ONTRACTOR Ave Ste 201 R Fax:

REQUIRED DATA: 1- AND 2-F	AMILY DWELLING
Permit fees* are based on the value of Indicate the value (rounded to the neare materials, labor, overhead, and the profiths application.	est dollar) of all equipment,
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIA	AL-USE CHECKLIST
Permit fees* are based on the value of t Indicate the value (rounded to the neare materials, labor, overhead, and the prof this application.	est dollar) of all equipment,
Valuation 70,800	•
Existing building area: 40,000	square feet
New building area:	square feet
Number of stories: 5	ingle stery
Type of construction: Me	tal Buildas
Occupancy groups: 14	distrial
Existing:	
New:	
NOTICE	
All contractors and subcontractors are read the Oregon Construction Contractors Bornay be required to be licensed in the jubeing performed. If the applicant is exert following reasons apply:	pard under ORS 701 and risdiction in which work is
BUILDING PERMIT Please refer to fee s	
Fees due upon application	- I
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

E		At all				Com. 12725	
	Re	21/	erta)I)	Pho	ne. (505) 5:
' (0 1	.cev.	G O	N		Gen	era

Print name:

JOE MALBOEUF

unity Development Department Building Division SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076 (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY				
Date Received: H-15-L9	Permit No.: B2019 - 1537			
Date Issued: ()	By:			
	Payment Type			

TVDE	OF WORK
□ New construction	□ Demolition
☑ Addition/alteration/replacement	☐ Other:
	DF CONSTRUCTION
	☐ Commercial/industrial
1- and 2-family dwelling	☐ Multi-family
Accessory building	
Master builder	Other:
	MATION AND LOCATION
Job site address: 8565 SE Beaverton-Hi	lisdale Highway
City/State/ZIP: Portland, Or 97225	
Suite/bldg./apt. no.: Cross street/directions to job site: SW Poplar	Project name: Pipster Prep
Subdivision:	Lot no.:
Tax map/parcel no.:1S114AD00100	
DESCRIPT	TION OF WORK
of use. Pipster Prep will be approxir Property owner	repartitioning of space with no change mately 6,610 square feet.
of use. Pipster Prep will be approxir Property owner Name: Tessa Stevens	mately 6,610 square feet.
of use. Pipster Prep will be approxing property owner Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale High	mately 6,610 square feet.
of use. Pipster Prep will be approxir Property owner Name: Tessa Stevens	mately 6,610 square feet.
of use. Pipster Prep will be approxing ✓ PROPERTY OWNER Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Hig City/State/ZIP: Portland OR 97225 Phone:	mately 6,610 square feet. ☐ TENANT ghway
of use. Pipster Prep will be approxing PROPERTY OWNER Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Higher City/State/ZIP: Portland OR 97225	mately 6,610 square feet. ☐ TENANT ghway
of use. Pipster Prep will be approxing ✓ PROPERTY OWNER Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Hig City/State/ZIP: Portland OR 97225 Phone: E-mail: ✓ APPLICANT	ghway Fax: CONTACT PERSON
Definition of use. Pipster Prep will be approximately property owner Property owner	ghway Fax: CONTACT PERSON
De property owner Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Hig City/State/ZIP: Portland OR 97225 Phone: E-mail: ☑ APPLICANT Business name: Minarik Architecture, Inc. Contact name: Doug Minarik	ghway Fax: CONTACT PERSON
De property owner	ghway Fax: CONTACT PERSON
De Property OWNER Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Hig City/State/ZIP: Portland OR 97225 Phone: E-mail: ☑ APPLICANT Business name: Minarik Architecture, Inc. Contact name: Doug Minarik Address: 2222 NE Oregon #217 City/State/ZIP: Portland, OR 97232	ghway Fax: Contact Person
De property owner Description of use. Pipster Prep will be approximately property owner Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale High City/State/ZIP: Portland OR 97225 Phone: E-mail: Description of Property owner Description of Property owner Description of User Property owner Description of Us	ghway Fax: CONTACT PERSON
Description of use. Pipster Prep will be approximately property owner Variable Property owner	ghway Fax: CONTACT PERSON
Driver Prep will be approximate of use. Pipster Prep will be approximate of use. Pipster Prep will be approximate of use. Property owner Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale Higher of use. Phone: E-mail: □ APPLICANT Business name: Minarik Architecture, Inc. Contact name: Doug Minarik Address: 2222 NE Oregon #217 City/State/ZIP: Portland, OR 97232 Phone: (971) 391-6749 E-mail: doug@minarikarch.com CONTI	ghway Fax: CONTACT PERSON C
Description of use. Pipster Prep will be approximately property owner Variable Property owner	ghway Fax: CONTACT PERSON C
Description of use. Pipster Prep will be approximately property owner Name: Tessa Stevens Address: 8535 Beaverton-Hillsdale High City/State/ZIP: Portland OR 97225 Phone: E-mail: □ APPLICANT Business name: Minarik Architecture, Inc. Contact name: Doug Minarik Address: 2222 NE Oregon #217 City/State/ZIP: Portland, OR 97232 Phone: (971) 391-6749 E-mail: doug@minarikarch.com contil Business name: TBD Address:	ghway Fax: CONTACT PERSON C
Definition of use. Pipster Prep will be approximately property owner ■ PROPERTY OWNER Name: Tessa Stevens	ghway Fax: CONTACT PERSON C
Description of use. Pipster Prep will be approximately property owner ■ PROPERTY OWNER Name: Tessa Stevens	mately 6,610 square feet. TENANT Ghway Fax: CONTACT PERSON Contact Per

Date:

04/15/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet square feet Covered porch area: Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation 190,000 11,365 square feet Existing building area: 11,365 New building area: square feet Number of stories: Type of construction: E, B Occupancy groups: Existing: No Change New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES*** Please refer to fee schedule Fees due upon application Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division

12725 SW Millikan Way / PO Box 4755
TRONIC SUBMITTAL

/BLDG DIV WG-8...

Beaverton, OR 97076
93 Fax: (503) 526-2250
mation (503) 526-2222
BeavertonOregon.gov

OFFICE	USE ONLY
Dale Received:	Permit No.: PSOCIA-19
Date Issued: (0-11-19	Ву: 1012
	Payment Type:

TYPE OF WORK		
	Demolition	
☑ New construction		
☐ Addition/atteration/replacement ☐ Other:		
CATEGORY OF CONSTRUCTION		
1- and 2-family dwelling	☑ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
Master bullder	Other:	
JOB SITE INFORMAT		
Job site address: 2940 Sw Cedar Hills Blvd		
City/State/ZIP:BEAVERTON, OR 97005	O HOK EN A	
Sulte/bidg./apt, no.:	Project name: CHICK-FIL-A	
Cross street/directions to job site:		
·	·	
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESCRIPTION	OF WORK	
HOOK UP ANSUL KITCHEN FIRE SU	IPPRESSSION SYSTEMS (2) INTO	
TYPE 1 EXHAUST HOODS - PRE PIF	PED SYSTEMS FROM HOOD MFG.	
. `		
☐ PROPERTY OWNER	☐ TENANT	
Name:		
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
☑ APPLICANT	☑ CONTACT PERSON	
Business name: SANDERSON FIRE PROT	ECTION	
Contact name: GEOFF SPAHR		
Address:		
City/State/ZiP:		
Phone:(503) 889-3110		
111011011000100010000110	Fax:	
E-mail:GEOFF@SANDERSONFIRE.CC	M .	
E-mail:GEOFF@SANDERSONFIRE.CC	DM .	
E-mail:GEOFF@SANDERSONFIRE.CC CONTRAC Business name:SANDERSON FIRE PROT	DM .	
E-mail: GEOFF@SANDERSONFIRE.CO contract Business name: SANDERSON FIRE PROT Address: 1101 SE 3RD AVE	DM .	
E-mail: GEOFF@SANDERSONFIRE.CO CONTRACT Business name: SANDERSON FIRE PROT Address: 1101 SE 3RD AVE City/State/ZIP: PORTLAND, OR 97214	DM .	
E-mail: GEOFF@SANDERSONFIRE.CO CONTRACT Business name: SANDERSON FIRE PROT Address: 1101 SE 3RD AVE City/State/ZIP: PORTLAND, OR 97214 Phone: (503) 889-3110	OM TOR ECTION	
E-mail: GEOFF@SANDERSONFIRE.CO CONTRACT Business name: SANDERSON FIRE PROT Address: 1101 SE 3RD AVE City/State/ZIP: PORTLAND, OR 97214 Phone: (503) 889-3110 CCB IIc.: 208652	OM TOR ECTION	
E-mail: GEOFF@SANDERSONFIRE.CO CONTRACT Business name: SANDERSON FIRE PROT Address: 1101 SE 3RD AVE City/State/ZIP: PORTLAND, OR 97214 Phone: (503) 889-3110	OM TOR ECTION	

GEOFF SPAHR

REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: square feet New dwelling area: square feet Garage/carport area: Covered porch area: square feet square feet Deck area: square feet Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. 2000 Valuation square feet Existing building area: square feel New building area: Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES*** Please refer to fee schedule Fees due upon application Amount received Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

4/30/19



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY		
Date Received: 6-11-19	Permit No.: 32019-2513	
Date Issued: (0-11-19	By:	
	Payment Type: MC	

□ New construction □ Demolition	
Addition/alteration/replacement	☐ Other:
CATE	EGORY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE	INFORMATION AND LOCATION
Job site address: 13230	SW Carr St.
City/State/ZIP: Beauer to	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	Lot no.
Page 1 As a Communication of the Communication of t	ESCRIPTION OF WORK
PROPERTY OWNER Name: Nathan (
PROPERTY OWNER Name: Nathan (Address: 13230 SC	Goodloe W Carr St
Name: Nathan (Address: 13230 SC City/State/ZIP: Beaughten	Goodloe W Carr St L OR 97008
PROPERTY OWNER Name: Nathan (Address: 13230 SC City/State/ZIP: Beauoton Phone: 503 515-96	Fax:
PROPERTY OWNER Name: Nathan (Address: 13230 SC City/State/ZIP: Beauoton Phone: 503 515-96	Goodloe W Carr St L OR 97008
PROPERTY OWNER Name: Nathan (Address: 13230 S(City/State/ZIP: Beauerton Phone: 503 515-96 E-mail: Wey goodlog APPLICANT	TENANT Charoline W Carr St COR 97008 SI3 Fax: PS @ gmail.com
PROPERTY OWNER Name: Nathan Address: 13230 SC City/State/ZIP: Reauston Phone: 503 515-96 E-mail: Wey goodlog APPLICANT Business name:	TENANT Charoline W Carr St COR 97008 SI3 Fax: PS @ gmail.com
Name: Nathan (Address: 13230 SC City/State/ZIP: Beauerten Phone: 503 515-96 E-mail: Let goodlog APPLICANT Business name: Contact name:	TENANT Character St Corr St Corr St Corr St Fax: Sold prail.com
PROPERTY OWNER Name: Nathan Address: 13230 SC City/State/ZIP: Reaughten Phone: 503 515-96 E-mail: Wey goodloe APPLICANT Business name: Contact name: Address:	TENANT Character St Corr St Corr St Corr St Fax: Sold prail.com
Name: Nathan (Address: 13230 SC City/State/ZIP: Reaueton Phone: 503 515-96 E-mail: Let goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP:	TENANT Character St Corr St Corr St Corr St Fax: Sold prail.com
Name: Nathan (Address: 13230 St City/State/ZIP: Reaverten Phone: 503 515-96 E-mail: Wet goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone:	TENANT Godloe Gor St OR 97008 OB 97008 OB GONTACT PERSON
Name: Nathan (Address: 13230 St City/State/ZIP: Reaverten Phone: 503 515-96 E-mail: Wet goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone:	TENANT Godloe Gor St OR 97008 OB 97008 OB GONTACT PERSON
Name: Nathan (Address: 13230 SC City/State/ZIP: Reaverten Phone: 503 515-96 E-mail: Wet goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:	Fax:
Name: Nathan (Address: 13230 SC City/State/ZIP: Beauerton Phone: 503 515-96 E-mail: Let goodlor PAPPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:	Fax:
Name: Nathan (Address: 13230 SC) City/State/ZIP: Beauerton Phone: 503 5/5-96 E-mail: Let goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: Address:	Fax:
Name: Nathan (Address: 13230 SC City/State/ZIP: Beauerten Phone: 503 515-9t E-mail: Let goodle APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: City/State/ZIP:	Fax:
Name: Nathan (Address: 13230 SC City/State/ZIP: Beauerten Phone: 503 5/5-96 E-mail: Let goodloe APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: City/State/ZIP: Phone: City/State/ZIP: Phone:	Fax: TENANT Goodloe Carr St OR 97008 OB 97008 GONTACT PERSON Fax: CONTRACTOR
Name: Nathan (Address: 13290 St. City/State/ZIP: Beaucotom Phone: 503 515-96 E-mail: Well goodlos Phone: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: City/State/ZIP: Phone: E-mail: Tomatom City/State/ZIP: Phone: CCB lic.: Address: CCB l	Fax:
Name: Nathan (Address: 13290 St. City/State/ZIP: Beaucotom Phone: 503 515-96 E-mail: Well goodlos Phone: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: City/State/ZIP: Phone: E-mail: Tomatom City/State/ZIP: Phone: CCB lic.: Address: CCB l	Fax: TENANT TENANT Contractor Tenant Contractor Tenant Contractor Fax: Contractor Contr

REQUIRED DATA: 1- AND 2-F	AMILY DWELLING
Permit fees* are based on the value of Indicate the value (rounded to the near materials, labor, overhead, and the prof this application.	the work performed. est dollar) of all equipment,
Valuation 25,000	
Number, of bedrooms:	
Number of bathrooms: /	
Total number of floors:	
New dwelling area: 300	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIA	AL-USE CHECKLIST
Permit fees* are based on the value of the indicate the value (rounded to the neare materials, labor, overhead, and the profiths application.	est dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are rethe Oregon Construction Contractors Bormay be required to be licensed in the jubeling performed. If the applicant is exertfollowing reasons apply:	oard under ORS 701 and risdiction in which work is
BUILDING PERMIT Please refer to fee so	
Fees due upon application	
Amount received	
B. C. Standa	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

Date Received: Permit No.: Per

	BeavertonOregon.gov
TY	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 12305 Su	Hoizyzond BLVD
	DR 97007
Suite/bldg./apt. no.:	Project name: STRETCHLABS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	IPTION OF WORK
Name: STRETCHL Address: 12305 Sw 140	
City/State/ZIP: BEAURIZTON,	02 97007
Phone:	Fax:
E-mail:	
É-APPLICANT	CONTACT PERSON
Business name: FIRE DWR	FIRE SYSTEMS, INC
	CHOO)
Address: Po Box 734	
City/State/ZiP: OC OR 77	747
Phone: 5035579050	Fax:
E-mail: Nickermeone	ACG.
	NTRACTOR
Business name:	
Address: State	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 98140	,
M - A	
Authorized signature:	uts.
Print name: NICK S BOCC	HRT5) Date: 1 () V N 19

1	. 0 1 241
REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation 500	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	ICE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE Please refer to Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received Q-((-(C)	Permit No P 209- 3511	
Date Issued: 0 - 1	By: Cless	
	Payment Type	

·	BeavertonOregon.gov
	YPE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGO	RY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	FORMATION AND LOCATION
Job site address: 8085 SW Cirrus D	rive
City/State/ZIP: Beaverton, OR 9700	08
Suite/bldg./apt. no.:	Project name: MacKenzie Golf
Cross street/directions to job site: SW Ha	all Blvd.
Subdivision:	Lot no.: 01300
Tax map/parcel no.: 1S127AB	
	CRIPTION OF WORK
Name: Harsch Investment Porpe	erties
Address: 8275 SW Cirrus Drive	1 400
City/State/ZIP: Beaverton, OR 9700	 08
Phone: (503) 450-0831	Fax:
E-mail: EmilyM@Harsch.com	1,410
☑ APPLICANT	□ CONTACT PERSON
Business name: Robert Simpson Ar	rchitect. PC
Contact name: Robert C. Simpson	
Address: 31177 SW Simpson Roa	ad
City/State/ZIP: Cornelius, OR 9711	
Phone: (503) 709-9653	Fax:
E-mail: R.C.Simpson@iCloud.co	·m
	ONTRACTOR
Business name: Pacific Crest Struc	tures
Address: 17750 SW Upper Boone	es Ferry Road, Suite 190
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 669/15	
CCB lic.: 669.15 Authorized signature:	

Date:

~~ . ~

Fayi	nent Type: 14 (2)
REQUIRED DATA: 1-	AND 2-FAMILY DWELLING
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	value of the work performed. the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COM	MMERCIAL-USE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	the nearest dollar) of all equipment, d the profit for the work indicated on
Valuation	\$54,800.00
Existing building area:	square feet 10201
New building area:	square feet 0
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	
Existing:	B/F-1/S-1
New:	B/F-1/S-1
All contractors and subcontract the Oregon Construction Cont may be required to be licensed	NOTICE ctors are required to be licensed with ractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
\$ 100 CARANTASSA.	PERMIT FEES* er to fee schedule
Fees due upon application Amount received	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Beaverton Service Reserves Res

Print name:

MATTHEW LILLARD

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon, general

OFFICE USE ONLY		
Date Received:	Permit No. BOOM - 2507-	
Date Issued: (p	By: (Jell)	
	Payment Type Chock (WARD	

	BeavertonOregon.g		Payment	LANGE NOCK (NIEZ
	TYPE OF WORK		REQUIRED DATA: 1- AND	2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equi		oment.	
✓ Addition/alteration/replacement	☐ Other:	\neg	materials, labor, overhead, and the profit for the work indicated this application.		
CATEGO	DRY OF CONSTRUCTION		Valuation		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:		
Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder ☐ Other:			Total number of floors:		
JOB SITE INFORMATION AND LOCATION			New dwelling area:	square feet	···
Job site address: 4105 SW 117th AVE				square feet	
City/State/ZIP: BEAVERTON, OR 9	97005		Garage/carport area:	· · · · · · · · · · · · · · · · · · ·	
Suite/bldg./apt. no.: SUITE A	Project name: GEICO INSURANCE		Covered porch area:	square feet	
Cross street/directions to job site: SW C/	ANYON RD		Deck area:	square feet	
			Other structure area:	square feet	
			REQUIRED DATA: COMME		
Subdivision:	Lot no.:	_ :	Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all equip	pment,
Tax map/parce! no.: 1S110CD00900		14 (1)	materials, labor, overhead, and the this application.	profit for the work indica	ited on
DES	CRIPTION OF WORK		Valuation	\$7	6,500
	ouilding, work includes interior partitions,		Existing building area:	square feet	2,425
ceilings, break room, lighting, and casework.			New building area:	square feet	2,425
			Number of stories:		1
☐ PROPERTY OWNER	☐ TENANT		Type of construction:	II-8	BHE
Name: GEICO INSURANCE			Occupancy groups:		В
Address: 8845 SW CASCADE AVE, STE 10			Existing:	8	_A2
City/State/ZIP: Portland, Or 97208			New:		В
Phone: (503) 924-3320	Fax:		NOT	Ω=	
E-mail:					od with
☐ APPLICANT ☐ CONTACT PERSON			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and		
Business name: Baysinger Partners Architecture			may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the		he
Contact name: MATTHEW LILLARD			following reasons apply:		
Address: 1006 SE Grand Ave			FS. 4" F.A.	,	
City/State/ZIP: Portland, Or 97214			1774		
Phone: (503) 546-1600	Fax:		1		
E-mail: MattL@baysingerpartner	s.com				
COEST	CONTRACTOR		BUILDING PE	RMIT FEES*	
Business name: PACIFIC	©NSTRUCTION		Please refer to	fee schedule	
Address:	7750 SW UPPER BOONE	5 F	Perform In application		
City/State/Z IP:	742 DURHAM, OR 97224		Amount received		
Phone: (503) 287-7055	Fax:		Date received:	06/11/19	
CCB No.: 66915	N		This permit application expire	es if a permit is not obt:	ained
Authorized signature:	,	_	within 180 days after it has I		

Date:

06/12/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gen

OFFIC	E USE ONLY
ate Received: (1 2019	Permit N52019. 2456
ate Issued:	(9//
	Payment Type:

TYPE	OF WORK
☐ New construction	Demolition
☑ Addition/alteration/replacement	Other:
	F CONSTRUCTION
1- and 2-family dwelling	✓ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
	ATION AND LOCATION
Job site address: 16305 NW Bethany Ct	
City/State/ZIP: Beaverton, OR 97006	And the second s
Suite/bldg./apt. no.: 109	Project name: OGA Gym
Cross street/directions to job site: Cornell	
, Cornell	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTI	ION OF WORK
Increase partition wall height with st space.	eel studs clad with drywall to enclose
	eel studs clad with drywall to enclose
space.	
space. □ PROPERTY OWNER Name: OGA	
Space. □ PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct	
space. □ PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006	☑ TENANT
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409	☑ TENANT
space. PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org	Fax:
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT	Fax:
Space. □ PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org □ APPLICANT Business name: JL Garland, LLC	Fax:
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb	Fax:
Space. □ PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org □ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave	Fax:
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123	Fax:
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 332-6366 E-mail: justin@jlgarlandgc.com	Fax: CONTACT PERSON
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 332-6366 E-mail: justin@jlgarlandgc.com	Fax: Contact Person Fax:
Space. □ PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org □ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 332-6366 E-mail: justin@jlgarlandgc.com CONTE	Fax: Contact Person Fax:
PROPERTY OWNER Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 332-6366 E-mail: justin@jlgarlandgc.com CONTE	Fax: Contact Person Fax:
Departy Owner Name: OGA Address: 16305 NW Bethany Ct City/State/ZIP: Beaverton, OR 97006 Phone: (503) 531-3409 E-mail: leonard.spivey@ogagym.org ☑ APPLICANT Business name: JL Garland, LLC Contact name: Justin Grubb Address: 953 SE 65th Ave City/State/ZIP: Hillsboro, OR 97123 Phone: (503) 332-6366 E-mail: justin@jlgarlandgc.com CONTE Business name: justin@jlgarlandgc.com Address: 953 SE 65th Ave	Fax: Contact Person Fax: Fax:

REQUIRED DATA: 1- AND 2	Approximately were experienced and a contract of the contract
Permit fees* are based on the value indicate the value (rounded to the ne materials, labor, overhead, and the p this application.	arest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMER	The contract of the contract o
Permit fees* are based on the value Indicate the value (rounded to the ne materials, labor, overhead, and the paths application.	arest dollar) of all equipment,
Valuation	\$3000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Block
Occupancy groups:	Industrial/Warehouse
Existing:	
New:	
NOTIC	E
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is a following reasons apply:	s Board under ORS 701 and e jurisdiction in which work is
BUILDING PER	MIT FEES!
Please refer to fe	The Control of the Co
Fees due upon application	150.98
Amount received	
D-t- respired	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Date: 6.4, 19

BEV 2/14

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY
Date Received SUS WIS	Permit No. 62019 1967
Date Issued: (a) (a)	By:
<u> </u>	Payment Type:

<u></u>	BeavertonOregon,gov			Payment T	ype: {	1444
TYPE O	F WORK	7	DEDMINEO DA	~		
☐ Naw construction	☐ Demolition	┥.	REQUIRED DAT	on the value	at the	
X Addition/alteration/replacement	Chother: William	Permit fees are based on the value of the work performed indicate the value (rounded to the nearest dollar) of all equinaterials, labor, overhead, and the profit for the work indicates application.				
CATEGORY OF	CONSTRUCTION		тио сърховают.	io, eno ene p	contror to	3 Work indicated
1- and 2-family dwelling	☐ Commercial/industrial	\dashv	Valuation			
Accessory building	Multi-family		Number, of bedrooms	t.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Master builder	Olher;	-	Number of bathrooms		***********	
JOB SITE INFORMAT	<u></u>		Total number of floors	:		······································
Job site address: 15314 5.4		-	New dwelling area:		SOU	are feet
Clty/State/ZIP: Brankers Fora As	7 teal 13/VA	-	Garage/carport area:			are feet
Sulte/bidg./apt. no.: (S) (S) 14		-	Covered porch area:			
Cross street/directions to job site:	Project name: Ging byor Park	┦ ;	Deck area:		· · · · · ·	are feet
•	, , (/		Other structure area:		- -	ire feet
Teal 18	ZNO		· · · · · · · · · · · · · · · · · · ·			re feet
Subdivision: R 5	Lat no.: 151320000 400	-	REQUIRED DATA: Permit fees' are based on	COMMERCI	AL-USE (CHECKLIST
Tax map/parcel no.: DESCRIPTION			Indicate the value (rounde materials, labor, overhead this application.			
	**************************************	1	Valuation		<i>R</i> /)	105
100 10 siding repla	Coment. Changing	 	Existing building area:		20) [<u>'W</u>
1x8 cfden + 39 with	9.25" (Greyposure)	1	New building area:			re feet
Mark Clarm,	11 lap siling	1 /	Number of stories:	·,	squar	e feet
(\$) PROPERTY OWNER	☐ TENANT	1				
Name: Prime Teal, LL1	4	┪ ├-	Type of construction:			
Address: 15242 Sw. 70	al Blue	-	Occupancy groups:			
City/State/ZIP: Bravertoning	77007	1 -	Existing:			
Phone: 433 452-6465 F	ax 949.272 1498	_	New:			
-mall: Statt aik manier p	limparp. Low	-		NOTICE		
S. APPLICANT	CONTACT PERSON	{	All contractors and subcontr he Oregon Construction Co	actors are re	guired to	be licensed with
usiness name: arrow byildina	CONVINAY LL/					
ontact name: Gabe Mackits	PP	fe	eing performed. If the appli ollowing reasons apply:	cant is exem	pt from Ilo	ensing, the
ddress: 5009 Apt F Fal	14.16 BEET RI					
hy/State/ZIP: 19/6 1954160	, OR 97714					
none: 115-519-0110 FE	x: 949-272-6795					
mail: a abie a arrow b						
CONTRACTO	R)	-	Distriction	* Frenches		
isiness name: Gamp ac	2 8001/00	-		PERMIT F		
dress:	2 Ippicant	-		fer to fee sch	· · · · · · · · · · · · · · · · · · ·	
y/State/ZIP:			es due upon application		11	86.10
one: Fa:	X:		nount received		, ,	
8 Hc.: 225 502 7		De	ité received:			-1
horized No. 17	1.1		This permit application en within 180 days after it h	opires if a pe	emit is n	ot obtained
it name:	(Date:	*	Fee methodology set by			•
	L & Daip:		· ~~	THE PRINT	runidine	7

Date:

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 59 309	Permit No (52)19-1914
Date Issued: (0)(0)(By: CCCC
	Payment Type:

	Beaverton Óregon, gov			Payment T	ype:	1
ТУРЕ	OF WORK		REQUIRED DAT	'A. 1. AND 1	-FAMILY DWELLING	
☐ New construction	☐ Demoillion	— F	entill fees* are based of	n the value	of the made a - f	 -
Addition/alteration/replacement	10 Other: Chi	"	iocale uie value (rolind iaterials, labor, overhea	ed to the pe	arnet dellevi et en e een	meni ied or
	CONSTRUCTION	— " "	nis application.	······································	The state of the s	
1- and 2-family dwelling	☐ Commercial/Industrial	- L				
C Accessory building	(X) Multi-family	$\dashv \vdash$	Number, of bedrooms:			
☐ Master builder	☐ Other:	ᅱ _	Number of bathrooms:			
JOB SITE INFORMA	TION AND LOCATION	커 L .	Total number of floors:			
Job site address: 15210 54	1 teal Blud	$\dashv \bot$	New dwelling area:		square feet	
City/State/ZIP: Braureton O	R. 97007	$\dashv \bot$	Garage/carport area:		square feet	
Sulte/bldg./apt. no.: (4) 15 21 0	Project name: Ainel DVCV Par Y	,	Covered porch area:		square feet	*
Cross street/directions to job site:	. 0	7 _	Deck area:		square feet	
Teal 1	31/cX		Other structure area:		square feet	
Subdivision: 2 5		- _	REQUIRED DATA:	COMMERCI	AL-USE CHECKLIST	
Tex mep/parcel no.: DESCRIPTION	1,5 1.720000 400	mat	mit fees* are based on icate the value (rounded terials, labor, overhead, application.	i la lha naar	anidalian militari di	ient, on b
1. 42 4 1		1	ualion	8	0.105	
las cedar 1 to 1.	acement. ('hanging	Ε	Existing building area:		square feet	—
	1.75" (Biry,0050,~e)	1	lew building area:		square feet	
PROPERTY OWNER	11 lapsiding	\ \ \ \ \	lumber of stories:	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	☐ TENANT	_ T	ype of construction:			
Address: IC Del D	1 01 1	_ 0	ecupancy groups:			—
City/State/ZIP: Ce. V Cl. C. C.	(a) 13/VØ	↓ 	Existing:			
Phone (3.3)	1 100 t Fex: add 2 2 2 1 5 6 ()	1	New:	***************************************	· · · · · · · · · · · · · · · · · · ·	
	117.77.67			NOTICE		
E-Mall: S LO H GIKIZIA MEN F	CONTACT PERSON	Allico	ontractors and subcontra	actore are re	guiend to be the	
Business name: CLASS I I	LI CONTACT PERSON	may	og required to he licence	edia the tool	ard under ORS 701 and	
Contact name:	Confiany LL		performed. If the application reasons apply:	ant is exem	pt from licensing, the	s
Address: GARA Marking	11 116 at £ 12 ft		ту то-соло орргу.			
City/State/ZIP: AKP 1953 196 A	oth, 115 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16					
Shares 1110 min	7 507					
-mail: (4 g/b/9 (6)	199-272-6715					- 1
CONTRACTO	Wildering (C)	ļ				
Stralagon namer	7 01 0 1	<u> </u>		PERMIT F		
ddress;	5 applicant			er lo fee sch		\neg
ity/State/ZIP:		Fees d	lue upon application		1,186:10	
hand	3X:	Amoun	it received			1
CB Hc.: 2755.7	95.	Dale re	eceived:			
uthorized phature: Limity	(MA)	This wit	permit application ex hin 180 days after it ha	pires if a pe as been acc	ermit is not obtained	
int name:			mathodology and bu			

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 5/8/2019	Permit No.: 62019-1962
Date Issued:	By: CEIV
*	Payment Type: UCA

() () () ()	eneral Information (503) 526-2222		H - 1 - 5y.		
	Beaverton Óregon, gov		Paym	ent Type: UCA	
	E OF WORK	RE	EQUIRED DATA: 1- A	ND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fee	Permit fees" are based on the value of the work performe indicate the value (rounded to the nearest dollar) of all equalities (above overhead and the nearest dollar).		
Addition/alteration/replacement	10 Other Kild	"" and to triding	INDUSTRIBUTED OF THE PROPERTY	ne nearest dollar) of all equipm the profit for the work indicated	
	OF CONSTRUCTION	this application	auon.		
1- and 2-family dwelling	☐ Commercial/industrial				
Accessory building	Multi-family	J 	r. of bedrooms:		
☐ Master builder	Other:	Number	r of bathrooms:		
JOB SITE INFORM	MATION AND LOCATION ,	Total nu	imber of floors:		
Job site address: 10 804 5	w teal Blvd	New dw	elling area:	square feet	
CHY/State/ZIP: Braupyton (18, 97007	Garage/	carport area:	square feet	
Sulte/bldg./apt. no.: (2) 15204	Project name: Ainch DUCV Park	Covered	porch area:	square feet	
Cross street/directions to job site:	- TRADUCT FEF	Deck are		square feet	
Tail	121, V	Other str	ucture area:		
Teal	IDIVO	[square feet ERCIAL-USE CHECKLIST	
Subdivision: R.S.	Lot no.: 151320000 400	Permit fees	are based on the unt	un of the western to	
Тах map/parcel no.:				ue of the work penormed. nearest dollar) of all equipmer e profit for the work indicated o	
	ON OF WORK	ино аррисав	lon.	e hight for the Molk indicated o	
10090 Siding ras	laconnext Class	Valuation		801103 -	
1x8 redect + & a with	lacement (hanging	Existing b	ullding area:	square feet	
hardie Plank Croform	Carpinos (Are)	New build	ling area:	square feet	
PPROPERTY OWNER		Number o	f stories:	· · · · · · · · · · · · · · · · · · ·	
Name: D	☐ TENANT	Type of co	>nstruction:		
Address: IC 2015	1	Occupant	y groups;		
City/State/ZIP: Q = V = 1	cal Blue	Existir	no:		
Phone: 627 067 116	9 7007	New:			
973874-6469	Fax: 999 . 272 6798		None		
- S-CH OIKING MEU	primegro, com	Alleration	NOTIC		
5 APPLICANT	CONTACT PERSON			are required to be licensed with a Board under ORS 701 and	
usiness name: arrow by dino	January LLL	being perform	ed to be licensed in th ed. If the applicant is	is board under ORS 701 and is jurisdiction in which work is exempt from licensing, the	
ontact name: Gabe Mackir	1001	following reason	ons apply:	- tompt north northang, the	
ddress: 5009 Apt F F	octhills BARTERI	1		· · · · · · · · · · · · · · · · · · ·	
ty/State/ZIP: 19KP 05WCG 6	OR 97304				
ione: 115-519-0116	Fax: 949-272-6795				
mail: agbip (a) arraw	bulding 10		*		
CONTRAC	OTOR OTOR		BUILDING PERA	AIT DEECK	
siness name: Same C	16 applicat		Please refer to fee		
dress:	1) Sippli cant	Fees due upon			
y/State/ZIP:			····	1,186,10	
one:	Fax:	Amount receive	ıd		
B IIc.: 225 502 7		Date received:			
horized 1 - 1		This permit	application expires i	f a permit is not obtained	
avui /	Willy	WIGHT 100	days after it has bee	n accepted as complete	
talure: Limit]	Wiff)	WIGHT 100	appacation expires it days after it has been foliony set by Tri-Co	n accepted as compli	

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Date Received:
Date Issued: N

Clifice USE ONLY

Date Received: Permit N 309-1931

By: Payment Type:

1	Beaverton Oregon.gov CIT	, ,
TYPE OF		7
☐ New construction	☐ Demolifion	1
12 Addition/alteration/replacement	Cother William	1
CATEGORY OF (CONSTRUCTION	ĺ
☐ 1- and 2-family dwelling	☐ Commercial/industrial	
☐ Accessory building	☑ Mulit-family	
□ Master builder 5200	Other:	
JOB SITE INFORMATION		
Job site address: 15200 S Now	teal Blvd	
City/State/ZIP: BCaverton OR	97007	
Sulte/bldg./apt. no.: (1) 15 2 0 0	Project community of the contract of the contr	
Cross street/directions to job site:	Project name: GIANDUCK Park	
Teal 13	, N.J	
Subdivision: R.5	Lot no.: 151320000 400	
Tax map/parcel no.:	100	
DESCRIPTION	OF WORK	
10090 Siding rapla 188 cedent + 39 with	Creat at	
INS redent + ta will	azella (haugina)	
hardie Plank Croformi	(gre),2050,~e)	
Martie Plank Crofarmil	laps: ding	
Name D	☐ TENANT	
Address: 10 2:12		1
City/State/ZIP: 0	IL BIVE	İ
- MONTH OF THE	1007	ŀ
- 373 8 34 - 64P 2 L	ax: 949.2726798	ŀ
- Scott arkingaler by	rimegrp, Low	H
Business name:	CONTACT PERSON	
Cooled CLAND NY CLIND C	ampany LLC	
Address: Gabe Macking		
Chulston City Con Con Con Con Con Con Con Con Con Con		
Phone IIIC (150)	OR 97304	
E multi	× 949-272-6795	
- grote amow by	iddivia, CO	_
CONTRACTOR Business name:		
Address:	2 applicant	_
Dity/State/ZiP:		F
Phone		A
CCB III.: 27 57 3		D
sultiorized 1/15		_
Ignature: Limit Tr	luff	
rint name:	Date:	۲
Gabriel Mackil	lop 5-1-19	

Y OF BEAVERTON	lyment Type:
ILDING PROPRIES	L AND 2 CARRY V PARTY I INC.
Permit fees* are based on the	e value of the work performed. o the nearest dollar) of all equipment, nd the profit for the work indicated on
Valuation	proper the same of
Number, of bedrooms:	
Number of baltirooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feel
REQUIRED DATA: COM	IMERCIAL-USE CHECKLIST
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, and this application.	value of the work performed. the nearest dollar) of all equipment, I the profit for the work indicated on
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	~
Existing;	
New:	
	TICE
All contractors and subcontractor the Oregon Construction Contrac may be required to be ilcensed in being performed, if the applicant following reasons apply:	
BUILDING PE	RMIT FEES*
Please refer to	fee schedule
Faes due upon application	1,186.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 5 - 13 - 19	Permit No.: 182019 - 2041
Date Issued: ()_(() ~(()	By: COLA
	Payment Type:

	Portor at Information (203) 525-2222 [
	Beaverton Oregon, gov L	Payment Type;		
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
☐ New construction	☐ Demolitori	Permit fees* are based on the value of the wards		
XI Addition/atteration/replacement	Cother: William	materials, labor, overhead, and the profit for the work indicated in the profit for t		
CATEGO	RY OF CONSTRUCTION	this application.		
☐ 1- and 2-family dwelling	☐ Commercial/industrial			
☐ Accessory building	類 Multi-family	Number, of bedrooms;		
☐ Master builder	☐ Olher:	Number of bathrooms:		
JOB SITE INF	FORMATION AND LOCATION .	Total number of floors:		
Job site address: 152 8(a	SW teal Blva	New dwelling area; square feet		
City/State/ZIP: Brayerton	OR, 97007	Garage/carport area: square feet		
Sulte/bldg./apt. no.:(3) 15) Q		Covered porch area; square feet		
Cross strest/directions to job site:	6 Project name: HINDUCK Par.	Deck areas		
	1 121 1	Other structure and		
Tea	1 13110	Atlante leef		
Subdivision: (2 5	Lot no.: 15132000 400	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.		
Tax map/parcel no.:	RIPTION OF WORK	Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated this application.		
	·····			
100 10 raina (*	placement Changing +L 9.75" (Bien,7050,00)	Existing building area: sottage feet		
INScreen + 19 Wi	+1 9.75" ((!ex2050,~e)	New building area; square feet		
hant e Plank Crofar	mill lap silling			
(X) PROPERTY OWNER	☐ TENANT	Number of stories:		
Name: Privat Tell	1/	Type of construction;		
Address: 15 24 5 5 14	Teal Bluel	Occupancy groups;		
City/State/ZIP: Bravectonia		Existing:		
Phone: 433 452 - 1-46	5 Fax: 9did , 277 199 ()	New:		
-mall: Stott aikingn	5) 01'	NOTICE		
St APPLICANT	CO Private Gran Com	All contractors and subcontractors are required to be licensed with		
Susiness name: CANASAL I.		may be required to be licensed in the luded of the and		
contact name: 1 a less 100	ha Company LLL	being performed. If the applicant is exempt from licensing, the following reasons apply:		
ddress: Cand Mal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ity/State/ZIP: 10/10 10 10 10	tooth, 16 months			
hone: 111C C.C.				
mail: (1 0 10 (6)	Fex: 949-272-6799	<u> </u>		
- 5) 40t CV amol				
	FRACTOR)	BUILDING PERMIT FEES*		
rsiness name: Game	45 applicant	Please refer to fee schedule		
Idress:	· //	Fees due upon application		
y/State/ZIP:		Amount received		
one:	Fax:	Date received:		
38 llc: 125 2,3 7				
thorized August and I	Thus I	This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete		
nt name:	Date:	* Fee methodology set by Tri-County Building		

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Date Issued: O Date Issued: O Payment Type:

	BeavertonOregon.gov L
TYPE O	F WORK
☐ New construction	☐ Demolition
划 Addition/akeration/replacement	图 Other: 公立
CATEGORY OF	1100
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	Other:
JOB SITE INFORMATI	<u></u>
Job site address: 15208	
City/State/ZIP: Basic Assets City	teal BlVd
Sulte/bldg./apt. no./) 1620	Project name: Quality Dan V
Cross street/directions to job site:	Project name: Aincho vor Park
	or . ()
Teal 18	NO
Subdivision: R.5	Lot no.: 151320000 4017
Tax map/parcel no.:	100
DESCRIPTION	
10090 Siding repla	(ement. Changing) 9.75" (Girxposure)
1x8 cedeur + \$ 9 with	a tell (du hanging)
hardie Plank Creformi	1.77 (8,6),0054,00
SPROPERTY OWNER	11 lapsiling
	☐ TENANT
Address: C 2017	
City/State/710: 0	al Blue
Phone C 3 3 C 5	1 1007
- 112 8 24 - 1041 2 1.	ax: 999 . 272 6798
SLOTT GIKING ULL P	rimparp, Low
Business name:	CONTACT PERSON
Contact parce: d to	company LLC
Address: GAST Wacking	
Silv Filt From	3h. 16 3 MATERIAL
City/State/ZIP: JAKP (754/P)	OR 97304
- 11) / / / / / / / / / / / / / / / / /	x: 949-272-6795
E-mail: gabe @ amowb	vildina; (0)
CONTRACTOR	
Business name: Game ac	2 applicant
Address:	* /
City/State/ZIP:	
Phone: Fax	x:
CB IIC.: 225537	
uthorized gnature;	1.1
rint name:	will the same of t
	Date:
Gabriel Mackil	10D 5-1-101

	Payment T	ype: (. No.
REQUIRED DAT	ΓΔ: 1. AND 2	CANDO	t Publication and	,
Permit fees* are based of indicate the value (round materials, labor, overheathlis application.	on the value	of the wo	rk performed.	oment led or
Valuation				
Number, of bedrooms				
Number of bethrooms		·····		
Total number of floors:				
New dwelling area:		squ	Jare feet	
Garage/carport area;		sqı	rare feet	
Covered porch area:		squ	iare feet	
Deck area:		squ	are feet	
Other structure area:	 	adn	are feet	
REQUIRED DATA:	COMMERCI	AL.USE	CHECKLIST	
Permit fees* are based on indicate the value (rounde materials, labor, overhead this application.	the value of	the work	performed.	ent, d on
Valuation	8	1.1	05-	
Existing building area:		squa	re feet	
New building area:	H	squa	re feet	
Number of stories;	\			
Type of construction:				
Occupancy groups:		·	14	
Existing:			······································	
New:				
	нопсе			
All contractors and subcontr the Oregon Construction Co may be required to be licens being performed. If the appli following reasons apply:	ntractors Bo: ad in the bal	atd unde	r OR\$ 701 and	
BUILDING	PERMIT F	:pps	···	\dashv
BUILDING PERMIT FEES* Please refer to fee schedule				\dashv
ees due upon application			36.10	-
Amount received		1412	10"	_

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Date received:



Print name:

Justin Grubb

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY			
Date Received:	Permit No.: 1370 (1-7450)		
Date Issued: O TO NO	By: OUEUU		
	Payment Type:		

,	BeavertonOr	egon.gov L			
	TYPE OF WORK		REQUIRED DATA: 1	- AND 2-FAMILY DWELLING	
☐ New construction	w construction		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipmen		
☑ Addition/alteration/replacement	Other:		materials, labor, overhead, and the profit for the work indicated on this application.		
CATEGO	RY OF CONSTRUCTION		Valuation		
1- and 2-family dwelling	☑ Commercial/industria	1	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	☐ Other:		Total number of floors:		
JOB SITE IN	FORMATION AND LOCATION		New dwelling area:	square feet	
Job site address: 16305 NW Bethan	y Ct		Garage/carport area:	square feet	
City/State/ZIP: Beaverton, OR 9700	06		Covered porch area:	square feet	
Suite/bldg./apt. no.: 109	Project name: OGA C	Sym	Deck area:	square feet	
Cross street/directions to job site: Cornel	ĺ		Other structure area:	square feet	
Cubdhisler	Lot no.:	-		MMERCIAL-USE CHECKLIST e value of the work performed.	
Subdivision:	. Location.		Indicate the value (rounded to	o the nearest dollar) of all equipment, nd the profit for the work indicated on	
Tax map/parcel no.:	CHISTION OF MORK		this application.		
	DESCRIPTION OF WORK		Valuation	\$3000.00	
Increase partition wall height w	ith steel studs clad with d	rywall to enclose	Existing building area:	square feet	
space.		New building area:	square feet		
			Number of stories:	1	
☐ PROPERTY OWNER	□T	ENANT	Type of construction:	Block	
Name: OGA			Occupancy groups:	Industrial/Warehouse	
Address: 16305 NW Bethany Ct			Existing:		
City/State/ZIP: Beaverton, OR 9700)6		New:		
Phone: (503) 531-3409	Fax:			NOTICE	
E-mail: leonard.spivey@ogagym	org		All contractors and subcontra	actors are required to be licensed with	
☑ APPLICANT ☑ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is			
Business name: JL Garland, LLC			being performed. If the applic following reasons apply:	cant is exempt from licensing, the	
Contact name: Justin Grubb					
Address: 953 SE 65th Ave					
City/State/ZIP: Hillsboro, OR 97123	}				
Phone: (503) 332-6366	Fax:				
E-mail: justin@jlgarlandgc.com					
, and the second	CONTRACTOR		**************************************	G PERMIT FEES*	
Business name: justin@jlgarlandgc	com			fer to fee schedule	
Address: 953 SE 65th Ave			Fees due upon application		
City/State/ZIP: Hillsboro, OR 97123			Amount received		
Phone: (503) 332-6366	Fax:		Date received:		
CCB tic.: 224760			This permit application	expires if a permit is not obtained	
Authorized signature;				has been accepted as complete	
Print name:	Date:		* Fee methodology set b		

06/04/19

ling Industry Service Board

Form B70-1001

REV 2/14



Print name: BRASDY SMITH

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY				
Date Received: (Q (() \ ()	Permit No.; 13904-0-38			
Date Issued: 0 0 0	ву:			
	Payment Type:			

OREGON	General Information (503) 526-2222 BeavertonOregon.gov		Payment Type:	CHRIS
1	TYPE OF WORK	REQUIRED	DATA: 1- AND 2-FAI	WILY DWELLING
☐ New construction	☐ Demolition	Indicate the value (a	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipn materials, labor, overhead, and the profit for the work indicate this application.	
☐ Addition/alteration/replacement	Other:	materials, labor, over		
CATEGO	RY OF CONSTRUCTION	Valuation		
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedre	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathro	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of	Total number of floors:	
JOB SITE INF	ORMATION AND LOCATION	New dwelling are	ea:	square feet
Job site address: 3Z&C) SV	V 170TH AVE	Garage/carport a		square feet
City/State/ZIP: BEAVERTO	ON CR			square feet
Suite/bldg./apt. no.: 23,22,7	Project name: ARBOR CREE	Covered porch a	rea.	
Cross street/directions to job site:		Deck area:		square feet
		Other structure a		square feet
			DATA: COMMERCIAL	
Subdivision: Tax map/parcel no.:	Lot no.:	Indicate the value (i materials, labor, ove		e work performed. t dollar) of all equipment for the work indicated on
DESC	CRIPTION OF WORK	this application.	2 (~~~)	
RE-ROOF - B	25 23,22,21	Existing building	area:	square feet
,		New building are	ea:	square feet
		Number of storie	98:	
X PROPERTY OWNER	☐ TENANT	Type of construc		
Name: ARBOR CR	EEK OWNERLLC	Occupancy grou		
Address: 70 ST		Existing:	1	
City/State/ZIP: CFATTIE	WA 98104	New:		
Phone:	Fax:		NOTICE	
E-mail:				
☐ APPLICANT	☐ CONTACT PERSON	the Oregon Constru	ection Contractors Boa	uired to be licensed with rd under ORS 701 and
Business name:		being performed. If	the applicant is exemp	diction in which work is ot from licensing, the
Contact name:		following reasons a	pply:	
Address:				
City/State/ZIP:		1	`	
Phone:	Fax:			
E-mail:				
C	ONTRACTOR	ı	BUILDING PERMIT I	EES*
Business name: R/1/E P	ING CONSTRUCTION CO	RP	Please refer to fee sch	nedule
Address: LASS 7 I	147 FF STE D	Fees due upon app	lication	
City/State/ZIP: HAT THE	DINE CA 9025G	Amount received		
Phone: (424) 800-3	7837 Fax: (424) 800-4957	Date received:		
CCB lic.: 21585C)		This parmit and	lication expires if a r	permit is not obtained
Authorized signature:	18		s after it has been ac	

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	OFFICE	USE ONLY
Date Received	119	Permit No. 7520 (9-2430
Date Issued: ()	10	By: Cle
		Payment Type:

TY	PE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 3Z&O 5	W 170TH ABE
City/State/ZIP: REAUERTO	ON OR
	5/Mg Project name: ARBOR CREEK
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	RIPTION OF WORK
RE-ROOF-Police	easing office
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A	ecting office tenant EK OWNER UC VE STE, 5700
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A	ECENTY OFFICE TENANT TEK OWNER LLC WE STE. 5700 WA 98104
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A City/State/ZIP: SC=A-TCC I Phone:	ecting office TENANT TEK OWNER UC WE STE, 5700
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A City/State/ZIP: S-A-TCE Phone: E-mail:	ECENTY OFFICE TENANT TEK OWNER LLC WE STE, 5700 WA 98104 Fax:
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A City/State/ZIP: S-A-TT E Phone: E-mail: APPLICANT	ECENTY OFFICE TENANT TEK OWNER LLC WE STE. 5700 WA 98104
PROPERTY OWNER Name: A-RSCR CRA Address: 70 STIH A City/State/ZIP: SE-A-TCE Phone: E-mail: DAPPLICANT Business name:	ECENTY OFFICE TENANT TEK OWNER LLC WE STE, 5700 WA 98104 Fax:
PROPERTY OWNER Name: A-RROR CPA Address: 701 STI+ A City/State/ZIP: SC=A-TCCC (Phone: E-mail: APPLICANT Business name: Contact name:	ECENTY OFFICE TENANT TEK OWNER LLC WE STE, 5700 WA 98104 Fax:
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A City/State/ZIP: S-A-TT(E-1) Phone: E-mail: APPLICANT Business name: Contact name: Address:	ECENTY OFFICE TENANT TEK OWNER LLC WE STE, 5700 WA 98104 Fax:
PROPERTY OWNER Name: A-RSCR CPA Address: 70 STI+ A City/State/ZIP: SC=A-TCCC (Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP:	TEN OWNER CLC WE STE, 5700 WA 98104 Fax: CONTACT PERSON
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 70 571+ A City/State/ZIP: S-A-TUE I Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone:	ECENTY OFFICE TENANT TEK OWNER LLC WE STE, 5700 WA 98104 Fax:
Name: A-RSCR CPA Address: 70 STIH A City/State/ZIP: SCEA-TICE I Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail:	TENANT TEK OWNER CLC WE STE, 5700 WA 98104 Fax: CONTACT PERSON
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 70 571+ A City/State/ZIP: S-A-TO-E Phone: E-mail: Contact name: Address: City/State/ZIP: Phone: E-mail:	TENANT EK OWNER CCC WE STE, 5700 WA 98104 Fax: CONTACT PERSON Fax:
Address: 70 STIH A City/State/ZIP: SEATICE (Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Column	Fax: CONTACT PERSON Fax: CONSTRUCTION CORP.
Address: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Contact name: Address: City/State/ZIP: Phone: E-mail: Contact name: Address: Ad	TEN OWNER CLC WE STE, 5700 WA 98104 Fax: CONTACT PERSON Fax: STED
PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 571+ A City/State/ZIP: S-A-TT(E-IP) Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Address: A-S-7 W 14 City/State/ZIP: Address: H-S-7 W 14 City/State/ZIP: Address: H-S-7 W 14 City/State/ZIP: City/State/ZIP: City/State/ZIP: Address: H-S-7 W 14 City/State/ZIP: City/St	Fax: CONSTRUCTION CORP.
Address: 701 STIH A City/State/ZIP: SC=ATTCE II Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Collaboration TEN OWNER CLC WE STE, 5700 WA 98104 Fax: CONTACT PERSON Fax: STED	
Name: A-PROPERTY OWNER Name: A-PROPERTY OWNER Address: 701 STIH A City/State/ZIP: SC-A-TTCE I Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Contact name:	Fax: CONSTRUCTION CORP.
Address: 701 STIH A City/State/ZIP: SC=ATTCE II Phone: E-mail: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Collaboration Fax: CONSTRUCTION CORP.	

	Oliv
REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation \$40,0	<u> </u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and he jurisdiction in which work is
BUILDING PEF	RMIT FEES*
Please refer to	fee schedule
Fees due upon application	
Amount received	
Date received:	

his permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE I	JSE ONLY
Date Received: 6-10-19	Permit No. 82019 - 2411
Date Issued: (0-10-19	BY: VASTATCIENT
	Payment Type:

OREGON Gener	BeavertonOregon.gov		Payn	nent Type:	
TYPE O	F WORK		REQUIRED DATA: 1-	AND 2-FAMILY DWELLING	
☐ New construction	The state of the s			value of the work performed.	
New construction ☐ Other:			Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on		
	CONSTRUCTION		this application. Valuation		
1- and 2-family dwelling	Commercial/industrial		Number, of bedrooms:		
Accessory building	☐ Multi-family		Number of bathrooms:		
Master builder					
	ION AND LOCATION		Total number of floors:	equara foot	
Job site address: 10600 Sw TAY			New dwelling area:	square feet	
City/State/ZIP: Portland, OR 97225	Contraction of the second		Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: DEVERAUX GU	FAI	Covered porch area:	square feet	
Cross street/directions to job site:	APARTMENTS		Deck area:	square feet	
	•		Other structure area:	square feet	
MUERA VIEW DE / TOMUR	57			MMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:		Permit fees* are based on the Indicate the value (rounded to	the nearest dollar) of all equipment,	
Tax map/parcel no.:	The state of the s		materials, labor, overhead, and this application.	d the profit for the work indicated on	
DESCRIPTIO	N OF WORK	<u> </u>	Valuation \$1/05 7	5000	
Re-roofing commerical structure (shir	ngles)		Existing building area:	square feet	
BLOG 474, 478, 561, 569			New building area:	square feet	
		•	Number of stories:		
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		
Name: PETERKORT RESIDENTIAL I L	LC		Occupancy groups:		
Address: 9755 SW BARNES RD #690			Existing:		
City/State/ZIP: PORTLAND, 97225-6657			New:		
Phone:	Fax:			NOTICE	
E-mail;			All contractors and subcontrac	ctors are required to be licensed with	
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contr	ractors Board under ORS 701 and d in the jurisdiction in which work is	
Business name: Faster Permits		being performed. If the applicant is exempt from licensing, the following reasons apply:			
Contact name: Zac Horton			TONOWING TEASONS apply.		
Address: 2000 SW 1st Ave #420					
City/State/ZIP: Portland, OR 97201					
Phone: 5034389654	Fax:		***************************************		
E-mail: zac@fasterpermits.com					
CONTRACTOR				PERMIT FEES'	
Business name: Executive Coatings and 0	Contracting			er to fee schedule	
Address: 8765 East Orchard Road, Suit	te 703		Fees due upon application		
City/State/ZIP: Greenwood Village; CO 8	0111		Amount received		
Phone: (503) 327-3124	Fax:		Date received		
CCB lic.: 193466 .			This permit application ex	xpires if a permit is not obtained	
Authorized signature:			within 180 days after it h	nas been accepted as complete	

Date

Zac Horton

06/07/2019

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 5-14-19	Permit No.: 32019-2002
Date Issued:	By: Orock Iclem
	Payment Type:

	BeavertonOregon.gov
Ţ	YPE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
CATEGO	RY OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 8160 SW 154 Ave	
City/State/ZIP:Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: Smith
Cross street/directions to job site: Murray F	Rd.
Subdivision:	Lot no.:
Tax map/parcel no.:	
	RIPTION OF WORK
Name: Mike And Sue Smith	□ TENANT
Address:8160 SW 154 Ave	
City/State/ZIP:Beaverton Oregon 97	7007
Phone: 503-737-7180	Fax:
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Ceder Ridge Constr	uction Inc.
Contact name: Dean A Scheper	
Address:PO Box 563	
City/State/ZIP:Newberg Oregon 971	132
Phone:503-730-5560	Fax:
E-mail:deancrc@msn.com	
	ONTRACTOR
Business name: ^ S.A.A.^	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:184246	
Authorized signature:	
Print name:	Date:

Dean A Scheper

	nt Type:
REQUIRED DATA: 1- AN	ue of the work performed.
Indicate the value (rounded to the materials, labor, overhead, and the this application.	
Valuation	168,000.0
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet 38
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST
Permit fees* are based on the val Indicate the value (rounded to the materials, labor, overhead, and th this application.	e nearest dollar) of all equipment
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	NCE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant if following reasons apply:	tors Board under ORS 701 and the jurisdiction in which work is
BUILDING: PE	RMIT FEES*
BUILDING PE Please refer to	o fee schedule
	The section products by the particle of the foreign of the first particle of the first p

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

5/13/2019



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Date Receive Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Issued:

		OFF	ICE	JSE ONLY	,		: '-	
ed:		, ,		Permit No.:	EX	JF7-,	34	引引
φ_{l}	10	19		By: CL	PUC	4		
				Payment Tvi		\Z	1	

OF WORK
☐ Demolition
☐ Other:
CONSTRUCTION
Commercial/industrial
☐ Multi-family
☐ Other:
TION AND LOCATION
nrey Rous
97069
Project name:
Lot no.:
TENANT
(A
w
Fax:
,
CONTACT PERSON
Ø.
976)5
Fax:
com
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and the contract of the production of the contract of the product of the contract of the contr
Fax:
Fax:
Fax:

REQUIRED DATA: 1- AND 2-FAN	IILY DWELLING	
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,	
Valuation		
Number, of bedrooms:		
Number of bathrooms:	•	
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST	
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,	
Valuation \$13,200,00		
Existing building area: 2,000	square feet	
New building area: 2,000	square feet	
Number of stories:		
Type of construction: Reroct		
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are requised from Construction Contractors Board may be required to be licensed in the jurisd being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and liction in which work is	
BUILDING PERMIT FI	-F84	
Please refer to fee sche		
Fees due upon application		
Amount received		
Date received:		
1 .		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building Permit Application CLID MITTAL 97076

Authorized signature:

Print name: JASON

503) 526-2550 ertonoregon.gov

OFFICE	JSE ONLY
Date Received: 06/07/2019	Permit No.: B2019-2445
Date Issued: (0-10-19	Ву: 1//
CITY OF BEAVERTON	Payment Type: MC

SEE 1:/BLDG DIV WG	-o L	1110	OF BEAVELLON .		
TYPE	F WORK	BΨ	LEDING POVISION TAIL THAN	D 2-FAMILY DWELLING	
☐ New construction ☐ Demolition			Permit fees* are based on the value of the work performed.		
Addition/alteration/replacement □ Other:			materials, labor, overhead, and the	e profit for the work indicated on	
	CONSTRUCTION		Valuation		
☐ 1- and 2-family dwelling	Commercial/Industrial		Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	Other:		Total number of floors:		
JOB SITE INFORMA	TION AND LOCATION		New dwelling area;	square feet	
Job site address: 500 NW BETHA	NY BLYD		Garage/carport area:	square feet	
CILY/State/ZIP: 78 6AVERTON OF 9			Covered porch area:	square feet	
Suite/bidg./apt. no.: 255	Project name: 5CITT 255		Deck area:	square feet	
Cross street/directions to job site:			Other structure area:	square feet	
			REQUIRED DATA: COMME	RCIAL-USE CHECKLIST	
·			Permit fees* are based on the value indicate the value (rounded to the	te of the work performed.	
O. b. History	Lot no.:		materials, labor, overhead, and the this application.	e profit for the work indicated on	
Subdivision: Tex map/percel no.:				90,"	
DESCRIPTIO	N OF WORK	2888	Existing building area:	square feet	
DID - ADE 3 PENDANTIFI	PK SPRINKLER) FOR		New building area:	square feel	
RELOCATE 3 PENDANT FIRE SPRINKLER) FOR NEW WALLS			Number of stories:		
			Type of construction:		
		8 10 CO TO S NO	Occupancy groups:		
DEPROPERTY OWNER	☐ TENANT	160,000	Existing:		
Name: ROBERT TODD CONSTR	-yenov		New:		
Address:			NOT	CE	
City/State/ZIP:			All contractors and subcontractors	are required to be licensed with	
Phone:	Fax:	2000256	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:		
(MATAPPLICANT)	CONTACT PERSON				
Business name: Q PIRE S YSTEM:	west		Tottoming recome apply		
Contact name: JASON SAMPSON					
Address: 600 SE MARITIME	ANR #300			•	
City/State/ZIP: VAW COUVOR, WA	18661			•	
Phone: 360 C93 9906	Fax;				
E-mail: JASONS@ PIRE SYSTEM		572315248	BUILDING PE	the state of the s	
CONTRA			Please refer to		
Business name: FIRE SYSTEMS WI	ST		Fees due upon application	\$133.00	
Address:			Amount received		
City/State/ZIP:	, <u>, , , , , , , , , , , , , , , , , , </u>		Date received:		
Phone:	Fax:		This permit application expire	s if a permit is not obtained	
GCB (Ic.: 49732			within 180 days after it has b	een accepted as complete	

Fee methodology set by Tri-County Building Industry Service Board

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

eaverton, OR 97076

Fax: (503) 526-2550

RECEIVED	
OFFICE L	JSE ONLY
Date Received: 06/07/2019	Permit No.: B2019-2454
Date Issued: (0-7-19	Ву: 10-
Almy an -	1

SEE I:/BLDG DIV WG	7-8 audi	rtonOregon.gov	CII'	Y OF BEAVERTON Payment	Type: VISA
	of Work		BU	LDING DIVISIONA: 1- AND REQUIRED BAYA: 1- AND	2-FAMILY DWELLING
☐ New construction	☐ Demotition	Televisia de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión		Permit fees* are based on the value indicate the value (rounded to the n	
Addition/alteration/replacement	Other:	<u> </u>		materials, labor, overhead, and the	profit for the work Indicated on
	CONSTRUCTION			this application.	뗏_
1- and 2-family dwelling	☐ Commercial/i	ndustrial	asid va Karii sasa u di au uzu	Number. of bedrooms:	1
☐ Accessory building	☐ Multi-family	**************************************		Number of balhrooms:	
☐ Master builder	☐ Other:				
JOB SITE INFORMA	75 (27 (27 (27 (27 (27 (27 (27 (27 (27 (27	TION		Total number of floors:	
Job site address: 7845 SW	131 64	AJE	3-10-419-VIII-10-41-VIII-	New dwelling area:	square feet
18.1	NA A	7000		Garage/carport area:	square feet
City/State/ZIP: Seavestm	Project name:	HARR	<u> </u>	Covered porch area:	square feet
Suite/bldg./apt. no.:	T TOJECK HARIO,	TITRE	V.2	Deck area:	square feet
Cross street/directions to job site:				Other structure area:	square feet
				REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:			Permit fees* are based on the value indicate the value (rounded to the r	e of the work performed.
Tax map/parcel no.:				materials, labor, overhead, and the	profit for the work indicated on
DESCRIPTION	ON OF WORK			this application.	
SOLAR PV	TNYTH	HLATION	_	Existing building area:	square feet
£				New building area:	square feet
9.0	不乏			Number of stories:	
PROPERTY OWNER		☐ TENANT		Type of construction:	
Name: Havens, JE	44			Occupancy groups:	
Address: 7545 SUS 13	18 AV			Existing:	
City/State/ZIP: Beautifum (14 97	808		New:	
Phone: 971-245-5646	Fax:			NOTE	GE
E-mail:				All contractors and subcontractors	are required to be licensed with
(X APPLICANT		CONTACT PERSON		the Oregon Construction Contractor may be required to be licensed in the	ors Board under ORS 701 and
Business name: HROSTAT 1	CUE CTV	عبو_		being performed. If the applicant is following reasons apply:	exempt from licensing, the
Contact name: Dale KV	meger			tottowing reasons appry.	
Address: 1721 NE	6445 A	Ne			
City/State/ZIP: ./ancamer	AW	18661			
Phone: 483-539-7772	Fax:				
E-mail: dale . Icrueger	W COM	not, net	-		
CONTR	ACTOR			BUILDING PE	RMIT FEES!
Business name: TUSTOT EL	FUTRIL			Please refer to	fee schedule
Address: 1721 NE	644	AJE		Fees due upon application	\$207.20
City/State/ZIP: /anauces	AW	1-8661		Amount received	
Phone: 59-539-7771	Fax:			Date received:	
CCB lic.: \ 9 4 0 2				This permit application expire	s if a permit is not obtained
Authorized				within 180 days after it has b	een accepted as complete
signature;	-0 +4	Date: 10 (E)	19	* Fee methodology set by Tri	-County Building
Print name: Sale Kruy		Date: (g) 5	<u> </u>	Industry Service Board	

Form B70-1001

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Fax: (503) 526-2550 03) 526-2222 V/TDD

PECE	TVC6
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Date Received: 06/

OFFICE	JSE ONLY
od: 06/07/2019	Permit No.: <u>B2019-2452</u>
10-7-19	Ву: М/С
TY OF BEAVERTO	Payment Type:

TYPE OF WORK New construction	SEE I:/BLDG DIV WO	G-8 leaverton Oregon gov	Çļ
□ New construction			B
Z Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building ☐ Multi-family ☐ Multi-family ☐ Other: JOB SITE INFORMATION AND LOCATION Job site address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Suite/bidg/apt. no: Project name: Ammon Collins Cross street/directions to job site: Subdivision: Lot no: Tax map/parcel no: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw ZI PROPERTY OWNER ☐ TENANT Name: Ammon Collins Address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 Fax: E-mail: ☐ APPLICANT ☐ CONTACT PERSON Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax E-mail: Mellssa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave Contract name: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax E-mail: Mellssa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic: 180498			111111111111111111111111111111111111111
CATEGORY OF CONSTRUCTION 1- and 2-family dwelling			
☐ 1- and 2-family dwelling ☐ Commercial/Industrial ☐ Accessory brilding ☐ Multi-family ☐ Master builder ☐ Other: JOB SITE INFORMATION AND LOCATION Job site address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Suite/bidg/apt.no.: Project name: Ammon Collins Cross street/directions to job site: Subdivision: Lot no.: Tex map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw Ø PROPERTY OWNER ☐ TENANT Name: Ammon Collins Address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 Fax: E-mail: Ø APPLICANT ☐ CONTACT PERSON Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CURVState/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax:	And the second control of the second control		\$4.50 \$25 F
□ Accessory building □ Multi-family □ Master builder □ Other: JOB SITE INFORMATION AND LOCATION Job site address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Suite/bidg/apt. no.: Project name: Ammon Collins Cross street/directions to job site: Subdivision: Lot no.: Tax map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw Ø PROPERTY OWNER □ TENANT Name: Ammon Collins Address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 Fax: E-mail: Ø APPLICANT □ CONTACT PERSON Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CUNTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CUNTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic: 180498			<u> </u>
Dother: JOB SITE INFORMATION AND LOCATION			
JOB SITE INFORMATION AND LOCATION Job site address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Suite/bidg/apt. no: Project name: Ammon Collins Cross street/directions to job site: Subdivision: Lot no.: Tax mep/parcel no: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw I PROPERTY OWNER			
Job site address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Suile/bidg/apt. no.: Project name: Ammon Collins Cross street/directions to job site: Subdivision: Lot no.: Tax map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw DESCRIPTION OF WORK PV ROOF MORK PV ROOF MO			1000000
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Cross street/directions to job site: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kW DESCRIPTION OF WORK DESCRIPTION	City/State/ZIP: Beaverton, OR 97	006	
Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw DESCRIPTION OF WORK DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw DESCRIPTION OF WORK DESCRI	Suite/bldg./apt. no.:	Project name: Ammon Collins	
Tax map/parcel no.: DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw Property owner Description of work Description	Cross street/directions to job site:		
DESCRIPTION OF WORK PV ROOF MOUNT 8.19 kw I TENANT	Subdivision:	Lot no.:	
PV ROOF MOUNT 8.19 kw Image: Ammon Collins	Tax map/parcel no.;		
Randord Rand	DESCRIP	TION OF WORK	
Randord Rand	PV ROOF MOUNT		
Mame: Ammon Collins			
Name: Ammon Collins Address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 Fax: E-mail: APPLICANT CONTACT PERSON Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCUty/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	5.17 KW		
Name: Ammon Collins Address: 17905 NW Waterfield Ct, City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 Fax: E-mail: APPLICANT CONTACT PERSON Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCUty/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498		The second secon	
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City/State/ZIP: Beaverton, OR 97006 Phone: 503 894 6903 E-mail:			
Phone: 503 894 6903 E-mail: APPLICANT Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498		· · · · · · · · · · · · · · · · · · ·	-
E-mail: APPLICANT	- Deaverton, Ok 37 000		
Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	300 071 0700	rax:	
Business name: SolarCity Corp. dba TESLA Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498			\$16.7 K \$155
Contact name: Melissa Farias Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lie:: 180498	A CONTRACTOR OF THE CONTRACTOR		Art på tv.
Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Mellissa.Farias@SolarCity.com		resla	
City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	Contact name: Melissa Farias		
Phone: (503) 894-6903 E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	Address: 6132 NE 112th Ave		
E-mail: Melissa.Farias@SolarCity.com CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	City/State/ZIP: Portland OR 97220		
CONTRACTOR Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	Phone: (503) 894-6903	Fax:	
Business name: SolarCity Corp. dba TESLA Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	E-mail: Melissa.Farias@SolarCity.co	m	
Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	CONT	RACTOR	
Address: 6132 NE 112th Ave City/State/ZIP: Portland OR 97220 Phone: (503) 894-6903 Fax: CCB lic.: 180498	Business name: SolarCity Corp. dba T	ESLA	
Phone: (503) 894-6903 Fax: CCB lic.: 180498	Address: 6132 NE 112th Ave		
Phone: (503) 894-6903 Fax: CCB lic.: 180498	City/State/ZIP: Portland OR 97220		
CCB lie.: 180498		Fax:	
	Authorized Signature:		

Print name;

Melissa Farias

Date:

6.5.19

<u> </u>	
LDING DIVISIONA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	800
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
МОП	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and he jurisdiction in which work is
BUILDING PEI	RMIT FEES*
Please refer to	fee schedule
Fees due upon application	\$207.20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Amount received

Date received:

Community Development Department **Building Division**

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 ELECTRONIC SUB MITTA 249 Fax: (503) 526-2550

Date:

06/03/19

OFFICE USE ONLY		
Date Received: 06/07/2019	Permit No.: B2019-2450	
Date Issued: (0-7-17	By: ML	
CITY OF REAVERTON	Payment Type: Vi5a	

Permit fees* are based on the value of the work performed.

this application.

Number. of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:

Garage/carport area:

Covered porch area:

Other structure area:

Existing building area:

New building area: Number of stories:

Type of construction:

Occupancy groups:

Existing:

following reasons apply:

New:

Deck area:

this application.

Valuation

Valuation

indicate the value (rounded to the nearest dollar) of all equipment,

materials, labor, overhead, and the profit for the work indicated on

REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.

Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and

may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the

square feet

1526

SEE I:/BLDG DIV WG-8... BeavertonOregon.gq BUILDING DIVISION ATA: 1- AND 2-FAMILY DWELLING TYPE OF WORK ☐ Demolition Other: ☑ Addition/alteration/replacement CATEGORY OF CONSTRUCTION Commercial/industrial ☐ 1- and 2-family dwelling ☐ Multi-family ☐ Accessory building Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 11715 SW Beaverton-Hillsdale Hwy City/State/ZIP: Beaverton, OR 97005 Project name: Mud Bay Beaverton Suite/bldg./apt. no.: B5 Cross street/directions to job site: Lot no .: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Add and Demo Fire Sprinkler Heads for TI ☐ PROPERTY OWNER ☐ TENANT Name: Address: City/State/ZIP: Fax: Phone: E-mail: ☐ CONTACT PERSON □ APPLICANT Business name: Wyatt Fire Protection Contact name: Ronin Campbell Address: 9095 SE Burnham ST Tigard, OR 97223 City/State/ZIP: Fax: Phone: (503) 684-2928 E-mail: r.campbell@wyattfire.com CONTRACTOR Business name: Address: Same as above City/State/ZIP: Fax: Phone: CCB lic.: 64077

Authorized signature: Ronin Campbell

Ronin Campbell

Print name:

This permit application expires if a permit is not obtained

BUILDING PERMIT FEES*

Please refer to fee schedule

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Fees due upon application

Amount received

Date received:

REV 2/14

\$156.42

within 180 days after it has been accepted as complete

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
averton, OR 97076
ax: (503) 526-2550
bate Issued
Date Received
Date Issued

Print name:

Dave Lanphere

	RECEIVED	
	OFFICE	USE ONLY
ived:	05/28/2019	Permit No.: 13019-2265
d:	6-7-19	Ву: 1//
<u> </u>	/ OF 55	Daymant Tunni

SEE I:\RFDG DIA M.C.	-8 avertonOregon.gov	41)	Y OF BEAVERTON Payment Type:
TYPE OF	WORK	BU	LDING BINSBANA: 1. AND 2 FAMILY DWELLING
✓ New construction	☐ Demolition	ן ל	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replacement	☐ Other:	1	materials, labor, overhead, and the profit for the work indicated on
GATEGORY OF C	ONSTRUCTION		this application. Valuation
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:
☐ Accessory building	☐ Multi-family	1	Number of bathrooms:
☐ Master builder	Other:	1	
JOB SITE INFORMATI	ON AND LOCATION		Total number of floors:
Job sile address: 6700 kW 1057H A	ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION	1	New dwelling area: square feet
Parita Pa	77008	1	Garage/carport area: square feet
Suite/bldg./apt. no.:	Project name: DEVWEY SOMATE	1	Covered porch area: square feet
Cross street/directions to job site:	Deliney Source	1	Deck area: square feet
			Other structure area: square feet
] [REQUIRED DATA; COMMERCIAL/USE CHECKLIST
Subdivision:	Lot no.;	▋▐	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:			materials, labor, overhead, and the profit for the work indicated on this application.
DESCRIPTION	OF WORK		Valuation 9600 —
			Existing building area: square feet
NEW BEETE MONUMEN	IT SIEW		New building area: square feet
			Number of stories:
Z PROPERTY: OWNER	#2-TENANT	50,8610	Type of construction:
Name: AMERICAN PROPERTY N	SAT	֡֡֓֞֓֓֓֡֓֞֜֜֜֞֜֓֓֓֓֓֡֓֡֡֡֡֓֓֡֓֡֡֡֡֡֡֡֡֡֡	Occupancy groups:
Address: 2154 NE BROANNA		1	Existing:
City/State/ZIP: PDX 0/2 9723	2	1 }	
Phone:	Fax:	1	New:
E-mail:		1 }	NOTICE
[Z] APPLICANT	Z) CONTACT PERSON	House	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
Business name: Hannah Sign Systems	550 (100)		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: Dave Lanphere		1	following reasons apply:
Address: 1660 SW Bertha Blvd		1	·
City/State/ZIP: Portland, OR 97219		11	,
Phone: (503) 946-8373	Fax: (503) 206-4900		
E-mail: davel@hannahsignsystems.com	· · · · · · · · · · · · · · · · · · ·		
CONTRAC			BUILDING PERMIT FEES!
Business name: Hannah Sign Systems	ALL OF MATERIAL COLOR OF COLOR		Please refer to fee schedule
Address: 1660 SW Bertha Blvd		1	Fees due upon application
City/State/ZIP: Portland, OR 97219		1	Amount received
Phone: (503) 946-8373	Fax: (503) 206-4900	1	Date received:
CCB lic.: 203638			
Authorized signature:			This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Print name: 5

Amanda Loveridge



Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton 0.00 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov Rossma

B2018-1787

OFFICE	USE ONLY
Date Received: 9-21-18	Permit No.: BQ018-4457
Date Issued: 6 - 7 - 17	Ву:
	Payment Type: CVUL

	BeaverionOregon.gov
TYPE OF	WORK
New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
	☐ Commercial/industrial
☐ Accessory bullding	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMAT	ION AND LOCATION
Job site address: 15736 SW Wr	en Ln
City/State/ZIP: Beaverton, OR	
Suite/bidg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 13
Tax map/parcel no.:	LOCATION. 1/3
	I OF WORK
DESCRIFTION	OF WORK
NSF R	
·	
	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 2	200
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mall: plancheck@drhorton.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRAC	TOR
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	
Authorized // //	

Date: (6)

F-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of Indicate the value (rounded to the near materials, labor, overhead, and the prof this application.	est dollar) of all equipment,	
Valuation \$372,92	.00	
Number, of bedrooms:		
Number of bathrooms: 3.5		
Total number of floors: 2		
New dwelling area: 7963	square feet	
Garage/carport area: 399	square feet	
Covered porch area: 33	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIA	L-USE CHECKLIST	
Permit fees* are based on the value of t indicate the value (rounded to the neare materials, labor, overhead, and the profi this application.	st dollar) of all equipment,	
Valuation		
Existing building area:	square feet	
New building area:	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are re the Oregon Construction Contractors Bo may be required to be licensed in the juri being performed. If the applicant is exem following reasons apply:	ard under ORS 701 and isdiction in which work is	
BUILDING PERMIT	FEES*	
Please refer to fee sc	hedule	
Fees due upon application	\$1,503.24	
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

BeavertonOregon.gov





signature:

Print name:

Sandro Guerrero

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

OFFICE USE ONLY Date Rece**10:5**/15/2019 Permit No.: B2019-2081 Date Issued: (0-7-19 CITY OF BEAVERTON Payment Type:

TYPE OF WORK				
[Z] New construction	Demolition			
☐ Addition/alteration/replacement	Other:			
CATEGORY OF CONSTRUCTION				
☐ 1- and 2-family dwelling	Commercial/industrial			
☐ Accessory building	☐ Multi-family			
☐ Master builder	Other:			
JOB SITE INFORMAT				
Job site address: 17354 SW Condor Lane				
City/State/ZIP: BEAVERTON, OR				
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.			
Cross street/directions to job site:	The state of the s			
Cross stress and control to for one.				
Subdivision: SOUHT COOPER MT	Lot no.: 185			
Tax map/parcel no.:				
DESCRIPTION	OF WORK			
NEW HOME				
·				
	☐ TENANT			
	☐ TENANT			
Name: SK HOFF CONSTRUCTIO	☐ TENANT			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE	☐ TENANT			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006				
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963	☐ TENANT Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006				
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com	Fax: (503) 641-7661 ☑ CONTACT PERSON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com □ APPLICANT	Fax: (503) 641-7661 ☑ CONTACT PERSON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com APPLICANT Business name: SK HOFF CONSTRUCTIO Contact name: SANDRO GUERRERO	Fax: (503) 641-7661 ☑ CONTACT PERSON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZiP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com APPLICANT Business name: SK HOFF CONSTRUCTIO Contact name: SANDRO GUERRERO Address: 735 SW 158TH AVE	Fax: (503) 641-7661 ☑ CONTACT PERSON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON, OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com APPLICANT Business name: SK HOFF CONSTRUCTIC Contact name: SANDRO GUERRERO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON, OR 97006	Fax: (503) 641-7661 CONTACT PERSON ON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZiP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com APPLICANT Business name: SK HOFF CONSTRUCTIO Contact name: SANDRO GUERRERO Address: 735 SW 158TH AVE	Fax: (503) 641-7661 ☑ CONTACT PERSON			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com	Fax: (503) 641-7661 ☑ CONTACT PERSON DN Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZiP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com APPLICANT Business name: SK HOFF CONSTRUCTIC Contact name: SANDRO GUERRERO Address: 735 SW 158TH AVE City/State/ZiP: BEAVERTON , OR 97006 Phone: (503) 319-6963 E-mail:	Fax: (503) 641-7661 CONTACT PERSON ON Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZiP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com	Fax: (503) 641-7661 CONTACT PERSON ON Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com	Fax: (503) 641-7661 CONTACT PERSON ON Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com □ APPLICANT Business name: SK HOFF CONSTRUCTION Contact name: SANDRO GUERRERO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON , OR 97006 Phone: (503) 319-6963 E-mail: CONTRACT Business name: SK HOFF CONSTRUCTION Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON , OR 97006	Fax: (503) 641-7661 ☐ CONTACT PERSON ON Fax: (503) 641-7661			
Name: SK HOFF CONSTRUCTIO Address: 735 SW 158TH AVE City/State/ZIP: BEAVERTON ,OR, 97006 Phone: (503) 319-6963 E-mail: sguerrero@arborhomes.com	Fax: (503) 641-7661 CONTACT PERSON ON Fax: (503) 641-7661			

Date:

05/14/19

BUILDING DIVISION **REQUIRED DATA: 1- AND 2-FAMILY DWELLING** Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$343,916.19 Valuation 3 Number, of bedrooms: 3 Number of bathrooms: 2 Total number of floors: 2618 square feet New dwelling area: 398 square feet Garage/carport area: square feet 181 Covered porch area: square feet Deck area: square feet Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation square feet Existing building area: New building area: square feet 2 Number of stories: SINGLE FAMILY Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES'** Please refer to fee schedule Fees due upon application Amount received

> This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date received:



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oregon gov

OFFIC	E USE ONLY
Date Received: 1-8-19	Permit No.: B20 8-1836
Date Issued: (0 - 7 - 19	By: 1/1
	Payment Type: (Mllb

	Bea	vertonOregon.gov	
The state of the s	YPE OF WORK		REC
☑ New construction	☐ Demolition)	Permit fees' Indicate the
☐ Addition/alteration/replacement	☐ Other:		materials, la this applical
CATEGOI	RY OF CONSTRUCT	DN	Valuation
1- and 2-family dwelling	☐ Commerci	iai/Industrial	Number.
☐ Accessory building	☐ Multi-fami	Íy	Number
☐ Master builder	☐ Other:		Total nu
/2614 JOB SITE INF	ORMATION AND LO	CATION	New dw
Job site address: # SW Baker L			Garage/
city/State/ZIP: Beaverton, OR 9700			Covered
Suite/bidg./apt. no.:		Rosetta Meadows	Deck are
Cross street/directions to job site: SW Loi	mbard Ave		Other st
			REQ
Subdivision: Rosetta Meadows	Lot no.: 2		Permit fees
	Ecc no.		Indicate the
Tax map/parcel no.:	PIRTION OF WORK		this applica
New Single Family Residence		考28865元号基础26-17885和94055-1188-1881 <u>8</u>	Valuation
New Single Farmy Proceedings			Existing
•			New bu
			Number
PROPERTY OWNER	ran i Propriet	☐ TENANT	Type of
Name: Lombard Baker Propertie	s LLC		Occupa
Address: 11279 SW ELLSON LA	NE		Ex
city/state/ZIP: Beaverton, OR			Nev
Phone: 541-350-1060	Fax:		12.00 E 7 C 7 C
E-mail: markvukanovich@gmail.c		55.1	All contrac
APPLICANT	经济	☑ CONTACT PERSON	the Oregon
Business name: Lombard Baker Pro	operties LLC		being perfo
Contact name: Chris Boerste			Tollo Milig V
Address:			
City/State/ZIP:			
Phone: 503-922-9055	Fax:		
E-mail: hillcrest_homes@msn.co		2012	- 12 12 12 14 K
C	ONTRACTOR		
Business name: Lombard BAker Pr	operties LLC		
Address:			Fees due
City/State/ZiP:			Amount re
Phone: 541-350-1060	Fax:		Date rece
CCB lic.: 220864			This pe
Authorized signature:			within
Print name:		Date:	r Fee m Indust
Mark Vukanovi	ch	5/21/2018	Form F

Mark Vukanovich

REQUIRED DATA: 1, AND 2-	EAMILY DWELLING
Permit fees* are based on the value of	f the work performed.
indicate the value (rounded to the nea materials, labor, overhead, and the pu this application.	rest doller) of all equipment,
Valuation \$277,69	3.30
Number, of bedrooms: 4	
Number of bathrooms: 3	
Total number of floors: 2	
New dwelling area: 2172	2 square feet
Garage/carport area: イル	square feet
Covered porch area: 60	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERC	
Permit fees* are based on the value of indicate the value (rounded to the neamaterials, labor, overhead, and the prithis application. Valuation	rest dollar) of all equipment.
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	era - a a a a a a a a a a a a a a a a a a
NOTICE	
All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the beling performed, if the applicant is ex- following reasons apply:	Board under ORS 701 and jurisdiction in which work is
BUILDING PERN Please refer to fe	5 / 5 / 200 /
	7 SCHOULIV
Fees due upon application	
Amount received	

mit application expires if a permit is not obtained 180 days after it has been accepted as complete

nthodology set by Tri-County Building y Service Board

Form B70-1001



Print name:

Mark Vukanovich

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Received: | -8 - 9 | Permit No.: \$2019 - 0080

Date Issued: | By: | Payment Type: CULL

The second secon	BeavertonOregon.gov
TYP	E OF WORK
☑ New construction	☐ Demolition
☐ AdditIon/afteration/replacement	☐ Other:
	OF CONSTRUCTION
☑ 1- and 2-family dwelfing	☐ Commercial/industrial
Accessory building	☐ Multi-family
Master builder	☐ Other:
JOB SITE INFOR	RMATION AND LOCATION
Job site address: 12 003SW Baker Loc	
city/state/ZIP: Beaverton, OR 97007	
Suite/bidg./apt. no.:	Project name: Rosetta Meadows
Cross street/directions to Job site: SW Lomb	pard Ave
Subdivision: Rosetta Meadows	Lot no.: 10
Tex map/parcel no.:	
☑ PROPERTY OWNER	☐ TENANT
Name: Lombard Baker Properties I	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
Address: 11279 SW ELLSON LANE	LLC
city/state/ZIP: Beaverton, OR	
City/State/ZIP: Beaverton, OR Phone: 541-350-1060	
Phone: 541-350-1060	Fax:
	Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.com	Fax: M CONTACT PERSON
Phone: 541-350-1060 E-mall: markvukanovich@gmail.com	Fex: M CONTACT PERSON
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor APPLICANT Business name: Lombard Baker Prope	Fex: M CONTACT PERSON
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor LAPPLICANT Business name: Lombard Baker Proper Contact name: Chris Boerste	Fex: M CONTACT PERSON
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor DAPPLICANT Business name: Lombard Baker Proper Contact name: Chris Boerste Address:	Fex: M CONTACT PERSON
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor APPLICANT	Fax: Toontact Person erties LLC Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor APPLICANT	Fax: Toontact Person erties LLC Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor APPLICANT	Fax: m C/ CONTACT: PERSON erties LLC Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor Business name: Lombard Baker Proper Contact name: Chris Boerste Address: City/State/ZiP: Phone: 503-922-9055 E-mail: hillcrest_homes@msn.com	Fax: m C/ CONTACT: PERSON erties LLC Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor Business name: Lombard Baker Proper Contact name: Chris Boerste Address: City/State/ZIP: Phone: 503-922-9055 E-mail: hillcrest_homes@msn.com Con Business name: Lombard BAker Prop	Fax: m C/ CONTACT PERSON erties LLC Fax:
Phone: 541-350-1060 E-mail: markvukanovich@gmail.cor DappLicANT Business name: Lombard Baker Proper Contact name: Chris Boerste Address: City/State/ZiP: Phone: 503-922-9055 E-mail: hillcrest_homes@msn.com Contact name: Lombard BAker Proper Address:	Fax: m [7] CONTACT: PERSON erties LLC Fax:
Phone: 541-350-1060 E-mall: markvukanovich@gmail.cor APPLICANT Business name: Lombard Baker Proper Contact name: Chris Boerste Address: City/State/ZIP: Phone: 503-922-9055 E-mail: hillcrest_homes@msn.com Contact name: Lombard BAker Proper Address: City/State/ZIP:	Fax: m CI CONTACT PERSON erties LLC Fax: ITRACTOR erties LLC

Date:

5/21/2018

REQUIRED DATA: 1-	AND 2-FAN	IILY DWELLING
Permit fees* are based on the Indicate the value (rounded to materials, labor, overhead, anthis application.	value of the	work performed, dollar) of all equipment,
Valuation 5 294	791,	79
Number, of bedrooms:	4	
Number of bathrooms:	3	
Total number of floors:	2	
New dwelling area: 2	303	square feet
Garage/carport area:	400	square feet
Covered porch area:	/33	square feet
Deck area:	garreno	square feet
Other structure area;		square feet
REQUIRED DATA: COI		
Permit fees* are based on the indicate the value (rounded to materials, labor, overhead, an this application.	the nearest	dollar) of all equipment,
Valuation		
Existing building area:		square feet
New building area:		square feet
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
and he state of the state of the	OTICE .	
All contractors and subcontract the Oregon Construction Cont may be required to be license being performed, if the applica following reasons apply:	tractors Boar d in the juris	rd under ORS 701 and diction in which work is
the same of the sa	PERMIT F	337 3 55 55 50 50 50 50 50 50 50 50
	Ç, 10 130 3011	B1,264.09
Fees due upon application		WI, 2009.01
Amount received		
LIDIA FORMINAN'		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



2055

Print name:

PEHRINCOR

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: (e-7-19	Permit No.: 82019-2446
Date Issued: /a - 7 - 19	By: MA_
4	Payment Type: //

(0 % 2 2 5 %	BeavertonOregon.gov	Payment	ype: ///
TYP	E OF WORK	REQUIRED DATA: 1- AND	2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value	
Addition/alteration/replacement	Other:	Indicate the value (rounded to the ne materials, labor, overhead, and the p	profit for the work indicated on
The residence of the second se	OF CONSTRUCTION	this application. Valuation 2500	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	,
☐ Master builder	Other:		
	MATION AND LOCATION	Total number of floors:	
Job site address: ///22/) Sud S	THUOP DR.	New dwelling area:	square feet
City/State/ZIP: BEAVENTON C	OR 97008	Garage/carport area:	square feet
Suite/bldg./apt. no.:	Project name:	Covered porch area:	square feet
Cross street/directions to job site:		Deck area:	square feet
3,555 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3,155 3		Other structure area:	square feet
		REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value Indicate the value (rounded to the ne	
Tax map/parcel no.:		materials, labor, overhead, and the p	
DESCRIF	PTION OF WORK	Valuation	
REMOVE WALL REP	LACE WITH GLB	Existing building area:	square feet
		New building area:	square feet
		Number of stories:	aquato 1005
☐ PROPERTY OWNER	☐ TENANT	Manta taken	
Name:		Type of construction:	
Address:		Occupancy groups:	
City/State/ZIP:		Existing:	
	Fax:	New:	
Phone:	T d.	NOTIC	E
E-mail:	☐ CONTACT PERSON	All contractors and subcontractors a the Oregon Construction Contractors	
1.25 (1.25)	ter namen i statut de 1996 et 1996 et 1996 et 1997 et 1997 et 1997 et 1997 et 1997 et 1997 et 1997 et 1997 et	may be required to be licensed in the being performed. If the applicant is e	e jurisdiction in which work is
Business name: FEUNINGON COntact name: RUSS FEUNIN	UNSI, INC.	following reasons apply:	scenipe from incensing, the
Address: $P.O.BO \times 77$ City/State/ZIP: $BOUJG$	12 97009		
		 	
Phone: 503-631-4431	. Fax: SAME		
E-mail:		BUILDING PERI	MIT FEES*
	TRACTOR	Please refer to fe	e schedule
	CONST. INC.	Fees due upon application	4030100
Address:			4001.10
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.: 155152		This permit application expires	if a permit is not obtained
Authorized signature:		within 180 days after it has be	en accepted as complete

Date:

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Kevin Christian

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

OFFICE I	JSE ONLY
Date Received: 6-4-19	Permit No.: B2019 - 2387
Date Issued:	Ву:
	Payment Type:

☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other;
	RY OF CONSTRUCTION
	☑ Commercial/industrial
1- and 2-family dwelling	
Accessory building	Multi-family
Master builder	☐ Other:
	ORMATION AND LOCATION
Job site address: 7000 SW Wilson A	
City/State/ZIP:Beaverton Oregon 97	
Suite/bldg./apt, no.:	Project name: Highland Park Middle School SW Barlow Rd and SW Wilson Ave
Subdivision:	Lot no.:
	Est no.
Tax map/parcel no.:	RIPTION OF WORK
stress base 80 felt at a rate of .2 membrane set in 2 part adhesive	ay existing roof with 3/4" perlite, install 5# per sq ft. install new KEE fleeceback e. install all new flashings
membrane set in 2 part adhesive	5# per sq ft. install new KEE fleeceback e. install all new flashings
membrane set in 2 part adhesive	5# per sq ft. install new KEE fleeceback e. install all new flashings
membrane set in 2 part adhesive PROPERTY OWNER Name: Beaverton School District	5# per sq ft. install new KEE fleeceback e. install all new flashings
membrane set in 2 part adhesive PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd.	5# per sq ft. install new KEE fleeceback e. install all new flashings
membrane set in 2 part adhesive PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
membrane set in 2 part adhesive PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail:	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
membrane set in 2 part adhesive PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: PAPPLICANT	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: Papplicant Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900 E-mail: kevin.christian@flynncomp	5# per sq ft. install new KEE fleeceback e. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900 E-mail: kevin.christian@flynncomp	5# per sq ft. install new KEE fleeceback b. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900 E-mail: kevin.christian@flynncomp	5# per sq ft. install new KEE fleeceback a. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900 E-mail: kevin.christian@flynncomp	5# per sq ft. install new KEE fleeceback b. install all new flashings TENANT
PROPERTY OWNER Name: Beaverton School District Address: 16550 SW Merlo Rd. City/State/ZIP: Beaverton, OR 97003 Phone: (503) 356-4500 E-mail: APPLICANT Business name: Flynn BEC LP Contact name: Kevin Christian Address: 5500 SW Arctic Dr Ste 2 City/State/ZIP: Beaverton Oregon 97 Phone: (253) 202-0900 E-mail: kevin.christian@flynncomp CC Business name: Flynn BEC LP Address: 5500 SW Arctic Dr Ste 2	5# per sq ft. install new KEE fleeceback b. install all new flashings TENANT

Date:

05/29/19

REQUIRED DATA: 1- AND	2-FAMILY DWELLING	
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	e of the work performed. earest dollar) of all equipmen	
Valuation		
Number, of bedrooms:	•	
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMER	RCIAL-USE CHECKLIST	
Permit fees* are based on the value Indicate the value (rounded to the n materials, labor, overhead, and the this application.	earest dollar) of all equipmen	
Valuation	\$849,2	23
Existing building area:	square feet 1100	00
New building area:	square feet 1100	00
Number of stories:		1
Type of construction:	wood/ bri	ck
Occupancy groups:	Scho	00
Existing:	BU	JR
New:	Single F	٥ly
NOTIC	Æ	
All contractors and subcontractors at the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	s Board under ORS 701 and le jurisdiction in which work is	
BUILDING PER Please refer to fe		
Fees due upon application	\$7,640.8	9
Amount received	7/5 1-10	_
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL lopment Department SEF I*/BLDG DIV WG-8... Way / PO Box 4755

T. Bragdon Shields

Beaverton, OR 97076

Date Received 03

Date Issued:

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
/27/2010	Permit No.: B2019-1222
d5/2019	
	Payment Type:

O R E G O N Gene	ral Information (503) 526-2222 BeavertonOregon.gov	ITY C	F BEAVERTON Payment T	
TYPE O	F WORK	BUILE	HIG REVISIONATA: 1- AND	2-FAMILY DWELLING
		$\dashv \vdash$	Permit fees* are based on the value	of the work performed.
☐ New construction ☐ Addition/atteration/replacement	Other;	Indicate the value (rounded to the nearest dollar) of all eq materials, labor, overhead, and the profit for the work indi-		
	CONSTRUCTION	┪┟	this application.	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	-	Valuation	
	☐ Multi-family		Number, of bedrooms:	
Accessory building			Number of bathrooms:	
Master builder	Other:		Total number of floors:	
	TION AND LOCATION		New dwelling area:	square feet
Job site address: 11715 SW Beaverton Hi		[Garage/carport area:	square feet
City/State/ZIP: Beaverton, Oregon 97005		[Covered porch area:	square feet
Suite/bldg./apt. no.: Suite B5	Project name: Mud Bay TI		Deck area:	square feet
Cross street/directions to job site: Beaverton To	own Square		Other structure area:	square feet .
			REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Subdivision:	Lot no.:	_ -	Permit fees* are based on the value	of the work performed.
Tax map/parcel no.: 1S115BA02000			Indicate the value (rounded to the ne materials, labor, overhead, and the p	
DESCRIPTIO	N OF WORK	\neg \vdash	this application.	A400 0F0
T.I. and build-out of an extg retail spa	ce. Retail includes the sale of pet	기 	Valuation	\$160,650
food and accessories. Alterations to	include non-structural partitions,		Existing building area:	square feet 6,426
bathrooms, lighting, ductwork, casew	ork and rack storage for merchandis	se	New building area:	square feet 0
display	<u> </u>		Number of stories:	1
PROPERTY OWNER	Z TENANT	_	Type of construction:	VB assumed
Name: Mud Bay Inc		<u>L</u>	Occupancy groups:	<u> </u>
Address: 521 Capitol Way South		L	Existing:	<u>M</u>
City/State/ZIP: Olympia, Washington, 985	I		New;	
Phone: (360) 709-0074	Fax:		NOTICE	1
E-mail: marisa.wulff@mudbay.com	T		All contractors and subcontractors ar	
☑ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contractors may be required to be licensed in the	jurisdiction in which work is
Business name: Sand Point Studios			being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: T. Bragdon Shields		├		· · · · · · · · · · · · · · · · · · ·
Address: 11733 Sand Point Way NE				
City/State/ZIP: Seattle, Washington 9812	I	41		
Phone: (206) 465-1325	Fax:			
E-mail: sandpointstudios@gmail.com		 ├ -	BUILDING PERM	IIT EEEO#
CONTRAC		 		
Business name: Western Construction Ser		├	Please refer to fe	
Address: 2300 East Third Loop, Suite 11		├	Fees due upon application	1864.59
City/State/ZIP: Vancouver, Washington 9	I		Amount received	
Phone: (360) 699-5319	Fax:	_ L	Date received:	
CCB lic.: 63717			This permit application expires	
Authorized signature:	aunder de citatado se en escalado e quantidas por escalado e de citado de ci		within 180 days after it has bee	
Print name:	Date:		* Fee methodology set by Tri-C	ounty Building

03/22/19

Industry Service Board

Form B70-1001

REV 2/14

Duplicate plan, 2479A Magnolia American, as Lot 157 (B2018-3725) both Garage Right

•	Community Development Department
	Building Division
	12725 SW Millikan Way / PO Box 4755
HITCTDONICS	LUD A AUTT A L Feaverton, OR 97076
ロドロインドインス	UBMITTAL eaverton, OR 97076 Fax: (503) 526-2550
SEET:/BLDG DI	// \A/(2_2 domention (503) 526-2222
OLL I./ DLDG DI	v v V O O seaverton Óregon gov

on 55	VISINGE USE VIVI.		
76	Date Received: 3-7-2019	Permit No.: B2019-0882	
50	Date Issued: 6-5-19	By Mu	
22		Payment Type: CNUK	

ТҮРЕ	OF WORK	oronoregorngov
New construction	☐ Demolition	<u> </u>
☐ Addillon/alteration/replacement	Other:	
	OF CONSTRUCTION	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
7 1- and 2-family dwelling	☐ Commercia	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Ofher:	
	VATION AND LOCA	TION
Job site address: 17337 SW Kite L	tomando militar Velicitical diameter chees	Westers and a transfer of the second
City/State/ZIP: Beaverton, OR		
Suite/bldg./apt. no.:	Project name:	······································
	1 Tojournamo.	·
Cross street/directions to job site:		
Subdivision: South Cooper Mtn	Lot no.: 11	9
Tax map/parcel no.:		
DESCRIP	TION OF WORK	
NSFR		
•	*	
☑ PROPERTY OWNER		☐ TENANT
defende de la contrar en partie de la facilité de la contrar de la contrar de la contrar de la contrar de profésiones de la contrar de la cont		
Name: Lennar NW Inc.		
Address: 11807 NE 99th St. #1170		
City/State/ZIP: Vancouver, WA 98682	F (0C0) O	FO 7004
Phone: (360) 258-7900	Fax: (360) 2	58-7901
E-mail:	and Parkets	
☑ APPLICANT	Ш	CONTACT PERSON
Business name: Lennar NW Inc.		
Contact name: Juls Call		
Address: same as above		
City/State/ZiP:		
Phone: (360) 258-7906	Fax:	
E-mail: juls.call@lennar.com	ingg-organization action	
and a result of \$200 constitution and \$200 constitution and an arrangement of the second	RACTOR	
Business name: Lennar NW Inc.		······································
Address: same as above		
Clty/State/ZIP:		
Phone:	Fax:	
CCB No.: 195307		
Authorized signature:		
Print name:		Date;
Juls Call		07/20/18

	ayment type.	<u> </u>	
REQUIRED DATA	: 1- AND 2-FA	AILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation \$316,70	0.58		
Number. of bedrooms:	4		
Number of bathrooms:	2.5		
Total number of floors:	2		
New dwelling area:	2479	square feet	
Garage/carport area:	400	square feet	
Covered porch area:	182	square feet	
Deck area:		square feel	
Other structure area:		square feet	
REQUIRED DATA:			
Permit fees* are based on indicate the value (rounde materials, labor, overhead this application.	d to the nearest	dollar) of all equipment,	
Valuation			
Existing building area:		square feet	
New building area:		square feel	
Number of stories:		<u> </u>	
Type of construction:	·		
Occupancy groups:			
Existing:		· · · · · · · · · · · · · · · · · · ·	
New:			
	NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:			
BUILD	NG PERMIT F	EES*	
Please	Please refer to fee schedule		
Fees due upon application		\$665.77	
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL rmit Application SEE I:/BLDG DIV WG-8 W Development Department Bullding Division 12725 SW Milliken Way / PO Box 4755

Beaverton

Print name:

Juls Call

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Re-issued Plan Lot 138, B2018-3726 2857A Redwood American BUT Garage Left

ULCE YUE				
OFFICE USE ONLY				
Date Received: 05/03/2019	Permit No.: .B2019-1831			
Dale Issued: 6-5-19	Ву. ///			
CITY OF BEAUTIPES.	Payment Type: / // // //			

	BeavertonOregon.gov L	- C-111	OL BEALEMAN	· Wulle
TYPE OF	Work	- RU	DING DUKSONA: 1- AND 2-FA	MILY DWELLING
☑ New construction	☐ Demolition		Permit fees* are based on the value of the indicate the value (rounded to the neares	те work penonnea.
☐ Addition/atteration/replacement	Olher:		materials, labor, overhead, and the profit	
CATEGORY OF	CONSTRUCTION		this application. Valuation \$362,452.90	\$373,638.44
[7] 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms: 4	
☐ Accessory building	☐ Multi-family		Number of bathrooms: 2.5	
☐ Master builder	Other:		Total number of floors: 2	
JOB SITE INFORMAT	ION AND LOCATION			square feet
Job site address: 17312 SW Harri	er Ln		2002	
City/State/ZIP: Beaverton, OR			Garage/carport area: 464	square feet
Suite/bldg./apt. no.:	Project name:		Covered porch area: 201	square feet
Cross street/directions to job site;			Deck area:	square feet
			Other structure area;	square feet
STREET OF THE	101		REQUIRED DATA: COMMERCIAL	ન્યાં પશ્ચિમાં કર્યા કરેલી કરી છે. કે તેમ કરી છે, કે ઉપયોગ કરો છે. માના પશ્ચિમાં કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા છે.
subdivision: South Cooper Mtn	Lot no.: 124		Permit fees* are based on the value of the Indicate the value (rounded to the neares	it dollar) of all equipmer
Tex map/parcel no.:		\$153356	materials, labor, overhead, and the profit this application.	for the work indicated c
DESCRIPTION	OF WORK	Street.	Valuation	
NSFR			Existing building area:	square feet
			New building area:	square feet
			Number of stories:	**************************************
☑ PROPERTY OWNER	☐ TENANT.		Type of construction:	
Name: Lennar NW Inc.			Occupancy groups:	
Address: 11807 NE 99th St. #1170			Existing:	
City/State/ZIP: Vancouver, WA 98682			New:	varianten
Phone: (360) 258-7900	Fax: (360) 258-7901		NOTICE	
E-mail:			Control of the Contro	
	☑ CONTACT PERSON		All contractors and subcontractors are req the Oregon Construction Contractors Boa	rd under ORS 701 and
Business name: Lennar NW Inc.			may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the	
Contact name: Juls Call			following reasons apply:	
Address: same as above				
City/State/ZIP:			•	
Phone: (360) 258-7906	Fax:			
E-mail: juls.call@lennar.com				
CONTRACT	for .		BUILDING PERMIT F	EES*
Business name: Lennar NW Inc.			Please refer to fee sch	edul o
Address: same as above			Fees due upon application	\$753.15
City/State/ZIP:		□	Amount received	
Phone:	Fax:		Date received:	
ссв 16.: 195307		L	**************************************	
Authorized signature:	The state of the s		This permit application expires if a p within 180 days after it has been ac	

Date:

07/20/18

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTIALLY Permit Application SEE I;/BLDG DIV WGoBaunity Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Issued:

OFFICE USE ONLY				
Date Received: RECEIVED	Permit No.: B2019-1656			
Date Issued: 08/23/2010	By: 1/1			
97/23/2019				

	BeavertonOregon.gg			ayment Type: Vi5C		
_		CIT	Y OF BEAVERTON III DING DIFFUNED DATA: Permit fees* are based on the	4. AND 2. EAMILY DIVIDED IN		
	YPE OF WORK	BU	Permit fees* are based on t	he value of the work performer	₹Abbabbbb d.	
☐ New construction	☐ Demolition		Indicate the value (rounded to the nearest dollar) of all ed materials, labor, overhead, and the profit for the work ind		utpment,	
		this application.				
	RY OF CONSTRUCTION		Valuation			
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:			
Accessory building	Multi-family		Number of bathrooms:			
☐ Master builder	Other:		Total number of floors:			
	ORMATION AND LOCATION	SATE THE	New dwelling area:	square feet		
Job site address: 9600 SW Nimbus A	ve		Garage/carport area:	square feet		
City/State/ZIP: Beaverton OR 97008			Covered porch area:	square feet		
Suite/bldg./apt. no.: Suite 250	Project name: Intermountain Claims		Deck area:	square feet		
Cross street/directions to job site: SW Ger	mini Drive		Other structure area:	square feet		
				OMMERCIAL-USE CHECKLI	or decide	
Subdivision:	Lot no.:		The State of Control of the State of the Sta	he value of the work performed	damaran mate	
Tax map/parcel no.:			Indicate the value (rounded	to the nearest dollar) of all equand the profit for the work indic	dollar) of all equipment,	
	RIPTION OF WORK		this application.	The the profit for the work that		
	ederlede er resp. Megan gestalgen i frem 1900 i Frembjerg i de er beschiere bilde en gruppe en militer i frem	etajlesjereter	Valuation	\$	20,000	
THE SCOPE OF WORK FOR TO	HE PROJECT INCLUDES INTERIOR APPROXIMATELY		Existing building area:	square feet	N/A	
5,183 SQUARE FEET IN THE SECOND FLOOR. WORK TO INCLUDE		E	New building area:	square feet	N/A	
DEMOLITION, NEW WALLS, RI	ELITES AND FINISHES.		Number of stories:		1	
☑ PROPERTY OWNER	☐ TENANT		Type of construction:		III-B	
Name: Shorenstein - Rob Fabian			Occupancy groups:		В	
Address: 5335 Meadows Road Sui	te 275		Existing:		N/A	
City/State/ZIP: Lake Oswego OR 970	035		New:		N/A	
Phone: (503) 412-4844	Fax:			NOTICE		
E-mail: rfabian@shorenstein.com			All contractors and subcontr	ractors are required to be licen	sed with	
☐ APPLICANT ☐ CONTACT PERSON			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is			
Business name: Mackenzie			being performed. If the applicant is exempt from licensing, the			
Contact name: Christine Mack			following reasons apply:			
Address: 1515 SE Water Ave Suite	100					
City/State/ZIP: Portland OR 97214						
Phone: (503) 224-9560	Fax:					
E-mail: cmack@mcknze.com			•		************	
CC	ONTRACTOR		BUILDIN	IG PERMIT FEES*		
Business name: Russell Construction	ı - Donn Sturdivant	·	Please re	efer to fee schedule		
Address: 20915 SW 105th Ave			Fees due upon application			
City/State/ZIP: Tualatin OR 97062	***************************************		Amount received			
Phone: (503) 692-9002	Fax:		Date received:			
CCB lic.: 58918			T1.2			
Authorized signature: Chinhit luk				expires if a permit is not obt t has been accepted as com		

Print name: Date: **Christine Mack** 04/12/19 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Fax: (503) 526-2550
Date Receiver
Date Issued:

RECEIVED	,
OFFICE	USE ONLY
Date Received: 05/10/2019	Permit No.: B2019-1997
Date Issued: (0-5-19	Ву: 11
CITY OF BEAUTION	Rayment Type:

SEE I:/BLDG DIV WG	ation (503) 526-2222 eavertonOregon.gov	CITY OF BEAVERTOR Perment Type:
	F WORK	BUILDING DIVISION 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demoiltion	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment
□ Addition/alteration/replacement □ Other: Repair		materials, labor, overhead, and the profit for the work indicated or this application.
CATEGORY OF	CONSTRUCTION	Valuation 14,18
☐ 1- and 2-family dwelling	☐ Commercial/Industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☑ Other:Garage	Total number of floors:
JOB SITE INFORMAT	ION AND LOCATION	
Job site address: 12080 SW Spur Ct	CAP CALL COLOR	New dwelling area: square feet
City/State/ZIP:Beaverton, OR		Garage/carport area: square feet
Suite/bldg./apt, no.:	Project name: 12080 SW Spur Ct,	Covered porch area: square feet
Cross street/directions to job site:	1	Deck area: square feet
		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
DESCRIPTION		Valuation
Voluntary repair of exisitng foundation		Existing building area: square feet
		New building area: square feet
		Number of stories:
☑ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Jim and Lanor Van Kleek		Occupancy groups:
Address: 12080 SW Spur Ct.		Existing:
City/State/ZIP:Beaverton, OR		New:
Phone:(503) 307-8451	Fax:	NOTICE
E-mail:		
☑ APPLICANT	CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and
Business name:Ram Jack West		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the
Contact name: Carley Welse		following reasons apply:
Address:862 Bethel Dr.		
City/State/ZIP:Eugene, OR		
Phone:(541) 600-4779	Fax:	
E-mail:		
CONTRAC	TOR	BUILDING PERMIT FEES*
Business name:Ram Jack West		Please refer to fee schedule
Address:862 Bethel Dr	, , , , , , , , , , , , , , , , , , , ,	Fees due upon application
City/State/ZIP: Eugene OR		Amount received
Phone:(541) 600-4779	Fax:	Date received:
CCB lic.: 146906		This asset as North as North as
Authorized signature:		This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Date:

05/23/19

Print name:

Carley Weise

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Permit Application SEE I:/BLDG DIV WG-8... Development Department Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon,gov L

OFFICE	USE ONLY
Date Receive @5/21/2019	Permit No.: 3209-2157
Dale Issued:	MA
CITY OF BEAVERTON	Payment Type:

	- BL		
TYPE O	F WORK		
☐ New construction	☐ Demolition		
Addition/alteration/replacement	Other:		
CATEGORY OF	CONSTRUCTION		
121 1- and 2-family dwelling	☐ Commercial/industrial		
Accessory building	☐ Mulli-family		
☐ Master builder	☐ Other:		
JOB SITE INFORMAT	.I. TION AND LOCATION		
Job site address: (05/5 5 X/ /6	5/5F CX		
City/State/ZIP: BEAVERTON C	DR 97007		
Sulle/bidg./apt. no.:	Project name:		
Cross street/directions to job site:	1 -		
Subdivision:	Lot no.:		
Tax map/parcel no.:			
DESCRIPTION	N OF WORK		
REBUILD EXIS	•		
PROPERTY: OWNER	☐ TENANT		
Name: KENT SMOTHERS			
	ct,		
City/State/ZIP: BEAUERTON OR	97007		
Phone: (503)380-8/70	Fax:		
E-mall:			
☐ APPLICANT	☐ CONTACT PERSON		
Business name: Colowial dec	RS and pences		
Contact name: TONY MARA,	NOYUK +		
Address: 9698 IE Nicho	las de		
City/State/ZIP: HAPPY Valley	OK 97086		
Phone: (5703) 896-4760	Fax:		
E-mail: LONVIMAYANDYU	K @ Valion com		
CONTRAC			
Business name:	om Designed Exteriors		
Address: 9698 SE Nicholo	C do		
City/State/ZIP: HADOU Valle	W OR 97086		
Phone: (503) 896-4760	Fax:		
CCB IIo.: 18348			
Authorized W	I C		
signature:			
Print name: (/ YONY HA	RAMO/400 Date: 5/20/19		
<u> </u>			

F BEAVERTON Payment	ура;
NO DIVISIONATA: 1- AND	
Permit fees* are based on the value indicate the value (rounded to the ne materials, labor, overhead, and the p this application.	of the work performed. earest dollar) of all equipment,
Valuation \$14,00	Σ Φ
Number, of bedrooms:	A
Number of bathrooms:	4
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	equare feet
Covered porch area:	square feet
Deck area: 360) square feet
Olher structure area:	square feet
REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Permit fees* are based on the value of indicate the value (rounded to the ne materials, labor, overhead, and the pithis application.	arest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	-
Type of construction:	
. Occupancy groups:	
Existing:	
New:	
- NOTIGE	
All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is ex following reasons apply:	Board under ORS 701 and jurisdiction in which work is
,	
BUILDING PERM	IT PEES*
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nahadula
Please refer to fee	aciieddia
Please refer to fee Fees due upon application	Scriedule
	SCHEUNG

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL ty Development Department Building Division Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

Print name:

OFFICE USE ONLY Date Received: Permit No.: Date Issued:

	BeavertonOregon.gov L	4 7 00 Paym	ent Type;	
	TYPE OF WORK	REQUIRED DATA: 1- A	ND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the v	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on	
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and		
CATEGO	CATEGORY OF CONSTRUCTION		this application.	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Valuation \$15,000	
☐ Accessory building	☐ Multi-family	Number. of bedrooms:	3	
☐ Master builder	Other:	Number of bathrooms:	2 1/2	
JOB SITE IN	FORMATION AND LOCATION	Total number of floors:	2	
Job site address: 7400 SW 142nd A	Table 1, and the Control of the Cont	New dwelling area:	square feet O	
City/State/ZIP: Beaverton, OR 97008		Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: Metzger	Covered porch area:	square feet	
Cross street/directions to job site: Off of I		Deck area:	square feet	
	iait ia	Other structure area:	square feet	
· · · · · · · · · · · · · · · · · · ·		REQUIRED DATA: COMM	IERCIAL-USE CHECKLIST	
Subdivision:	Lot no.: 1800	Permit fees* are based on the va	lue of the work performed.	
Tax map/parcel no.: 1S121CB01800	41	malerials, labor, overhead, and t	e nearest dollar) of all equipment, he profit for the work indicated on	
DESC	PRIPTION OF WORK	this application. Valuation		
Minor kitchen remodel. Remove	wall, install beam			
		Existing building area:	square feet	
		New building area:	square feet	
☑ PROPERTY OWNER		Number of stories:		
a configuration provides an expeditional contraction of the contractio	TENANT	Type of construction:		
Name: Tracey & Langford Metzge Address: 7400 SW 142nd Ave	T	Occupancy groups:		
****	^	Existing:		
City/State/ZIP: Beaverton, OR 9700		New:	New:	
Phone:	Fax:	— NOT	ICE	
E-mail:		All contractors and subcontractor	s are required to be licensed with	
☐ APPLICANT	GONTACT PERSON	the Oregon Construction Contrac may be required to be licensed in	lors Board under ORS 701 and	
Business name: Northland Design ar	nd Build	being performed, if the applicant following reasons apply:	being performed. If the applicant is exempt from licensing, the	
Contact name: Rod Loewer		The state of the s		
Address: 20000 SW Cappoen rd	The state of the s			
City/State/ZIP: Sherwood, OR 97140)			
Phone: 503-380-6251	Fax:			
E-mail: rod@northlandbuild.com				
	DNTRACTOR	BUILDING PE	AMIT FEES'	
Business name: Northland Design ar	nd Build	Please refer to	fee schedule	
Address: 20000SW Cappoen rd	2	Fees due upon application	\$175.59	
City/State/ZIP: Sherwood, OR 97140)	Amount received	T	
Phone: 503-380-6251	Fax:	Date received:		
CCB IIc.: 104810		This permit application expire		

Date: 5 / 13/19

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001